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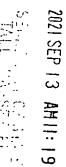
(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Registration Section Division of Corpora						
ENERGIA CON SUBJECT:	OSUR LLC					
SOBJECT:	N:	lame of Limited Liability Company				
Dear Sir or Madam:						
The enclosed Registered Ag	ent/Registered O	Mice Change ar	nd fee(s) are submitted for filing.			
Please return all correspond	ence concerning t	this matter to th	ne following:			
OMAR R. EGEA						
Nar	ne of Person					
ENERGIA CONOSUR LLC						
Fir	n/Company					
111 ORANGE AVE - SUITE	315					
	ddress					
FT. PIERCE, FL 34950						
City/St	ate and Zip Code					
energia.conosur@gmail.com						
E-mail address: (to be	used for future a	nnual report no	tification)			
For further information con-	erning this matte	er, please call:				
MIRIAM KOMORNIK		954 at (651 5602			
Name of Pe	rson		Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corpo P.O. Box 6327 Tallahassec, FL 33	on rations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a checl	c for the following	ng amount:				
■ \$25 Filing Fee			\$55 Filing Fee & Certified Copy			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

. Na	ime of the limited liability company:	SUR	LLC	
. (a)	III ORANGE AVE		(b) 111 ORAN	GE AVE
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 315		SUITE 315	
	FT. PIERCE, FL 34950	_	FT, PIERCI	E, FL 34950
	03-21-2014		L1400004753	59
i.	Date of filing/registration in Florida	4.	1	Document number
i. (a)	OMAR R. EGEA			
` '	Registered Agent and Registered Office shown on the records of	the Flo	orida Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET)	1DDR	ESS)	
	3800 INVERRARY BLVD - SUITE 100F			
	LAUDERHILL	3331	9	
(b)	OMAR R. EGEA			\$2 53
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Offic	e address:	021
				SE TI
				7021 SEP 13
	NEW Registered Office Address:			
	111 ORANGE AVE - SUITE 315			SSE MED
				1 · · · · · · · · · · · · · · · · · · ·
	FT. PIERCE FL	3495	0	"; 9
				C)
hange gent v vas/wo he arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of the of organization or the operating agreement of the	regis ibility of the	tered office and company, it is limited liability	I the business office of the registered hereby confirmed that the change(s) reompany or as otherwise provided in
ν	ture of a member or authorized representative of a member	(OMAR R. EGEA	
Signa	ture of a member or authorized representative of a member	_		Printed or typed name of signee
rovisi he obl o mere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided off reflect a change in the registered office address, I have	ee to perfo l for . iereb	act in this capa rmance of my d in Chapter 605, y confirm that ti	city. I further agree to comply with the luties, and I am familiar with and accep. F.S. Or, if this document is being filed he limited liability company has been
	Vully Bu			
signatu	e of Regis ered Agent			
-	Division of Corporations P.O. I	Box 6	327• Tallahas	see, FL 32314

FILING FEE: \$25.00