14000059319

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	= #h
PICK-UP	_	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u>-</u>
Certified Copies	_ Certificates	s of Status
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•	COVE	R LETTER	20.00 20.00
TO: Registration Section Division of Corporations	5		AND HAR-6
suвјест: <u>785</u>	·· ···································	TO PARK LLC I Liability Company	- TAVE 26
Dear Sir or Madam:			E 26
The enclosed Registered Agent/I	Registered Office Change a	and fee(s) are submitted for filing.	
Please return all correspondence	concerning this matter to t	he following:	
TERRA SIV			
Firm/Co	mpany		
268 NW	ITH ST.		
Addre	SS		
BOCA RATON	FL 33432	<u>></u>	
City/State a	nd Zip Code		
E-mail address: (to be used	for future annual report no	Com) otification)	
For further information concerni	ng this matter, please call:		
Tevra Smith Name of Person	at (_5 \ (Area Code & Daytime Telephone	Number
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 323	Sircle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for	the following amount:		
N \$25 Filing Fee	0	\$55 Filing Foo & Contided Conv.	

INHS18 (2/14)

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.

1. Na	ame of the limited liability company: <u>785 W PALMET</u>	TO PARK RD.
2. (a)	268 NW 11TH ST. (b) 26	8 NW 11TH ST.
		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BOCA RATON PL 33432 BOCA	A RATON FL 33432
	10001 1411 014, 12 00 10 10 1000	1 1711 UN, 1 C 30 13 C
	4/10/2014 2140	000059319
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	MASSIMILIANO DEBIASE	2019 HAR - 6
	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat	
	333 SE MIZNER BLUD Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	R-t
	Registered Office Address	With the
	Dace D. 701	PH 12: 27
	BOCA RATON FL 33432	- 26
(b)		2v '
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	268 NW 11TH ST.	
	NEW Registered Office Address:	•
		<u>-</u>
	Dova Damil 27/125	
	BOCA RATON FL 33432	-
If the li	limited liability company is not organized under the laws of the State of Fl ange or changes are made, the Florida street address of the registered offic	orida, it is hereby confirmed that after
agent w	will be identical. Or, in the case of a Florida limited liability company, it is the third by an affirmative vote of the members of the limited liability.	s hereby confirmed that the change(s)
the arti	icles of organization or the operating agreement of the limited liability cor	npany.
	MASSIMI ature of a member or authorized representative of a member	Printed or typed name of signee
I hereh	by accept the appointment as registered agent and agree to act in this cap	acity. I further agree to comply with the
provisio t he obli	ions of all statutes relative to the proper and complete performance of my ligations of my position as registered agent as provided for in Chapter 60.	duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed
ia mere	elly reflect a change in the registered office address, I hereby confirm that die writing of this change.	the limited liability company has been
Signatur	ure of Registered Agent	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00