L14000060566

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000224852 3)))

H14000224852 3ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : HARPER MEYER #2
Account Number : I20060000101
Phone : (305)577-3443
Fax Number : (305)577-9921

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: sdiaz@harpermeyer.com

RECEIVED
14 SEP 26 AM 11:09
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC REGISTERED AGENT CHANGE
GROUP P6-A LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$25.00

14 SEP 26 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTED
AND
FILED
SEP 29 2014
T. LESLIE

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Group P6-A LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sagrario Diaz
Name of Person

Harper Meyer
Firm/Company

201 S. Biscayne Blvd., Ste. 800
Address

Miami, FL 33131
City/State and Zip Code

sdiaz@harpmermeyer.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Baudini at (305) 577-3443
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☑ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

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. Name of the limited liability company: Group P6-A LLC

2. (a) 17376 Vistancia Circle
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Boca Raton, FL 33496

(b) 17376 Vistancia Circle
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Boca Raton, FL 33496

3. January 27, 2014
Date of filing/registration in Florida

4. L14000060566
Document number

5. (a) Jose J. Padua
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
17376 Vistancia Circle
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Boca Raton, FL 33496

(b) Law Center of the Americas, LLC
Enter name of NEW Registered Agent and/or NEW Registered Office address:
201 S. Biscayne Blvd., Ste 800
NEW Registered Office Address:
Miami, FL 33131

14 SEP 26 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCEPTED AND FILED

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Ignacio Diaz Candia
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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