## 114000075237

(Re	equestor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Name	)			
(Document Number)					
Certified Copies	_ Certificates o	f Status			
Special Instructions to Filing Officer:					

Office Use Only



400305737744

11/17/17--01005--016 \*\*25.00

67:8 11年 左1 16年日

NOV 1 7 2017 Y SULKER

## **COVER LETTER**

TO:	Registration Section Division of Corporations	•			
	•				
SUBJ	ECT: 7420 Ocean Terrace Investment	ent, LLC			
	Nan	ne of Limited Liability Company			
Dear S	Sir or Madam:				
TEI	A cont/Positored Off	ice Change and fee(s) are submitted for filing.			
i ne ei	iclosed Registered Agent/Registered Off	tee Change and ree(s) are submitted for fitting.			
Please	return all correspondence concerning th	is matter to the following:			
	Julie Medina				
	Name of Person				
Claro Development Solutions, Inc.					
	Firm/Company				
	025 No. 4b Minusi Assa #201				
	035 North Miami Ave, #201				
•	Address				
λ.	fiami, FL 33136				
- 10	City/State and Zip Code				
	•				
	julie@clarocorp.com E-mail address: (to be used for future ann	and conort notification)			
	e-mail address. (to be used for future and	idal report notification)			
For fu	rther information concerning this matter,	, please call:			
		205 234 4700			
	ulie Medina Name of Person	at ( 305 ) 324.4700  Area Code & Daytime Telephone Number			
		•			
	STREET/COURIER ADDRESS:	MAILING ADDRESS:			
	Registration Section	Registration Section			
	Division of Corporations	Division of Corporations P.O. Box 6327			
	Clifton Building				
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
	Enclosed is a check for the following	g 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.

i.	Na	me of the limited liability company: 7420 Ocean Te	rra	ice Inve	stment, LLC
	(a)			(b) _	
٠. ,	(u) .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	(1)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		1035 North Miami Ave, Suite 201	_	_	1035 North Miami Ave, Suite 201
		Miami, FL 33136	_	_	Miami, FL 33136
		05.08.2014			L14000075237
3.		Date of filing/registration in Florida	•	4.	Document number
5.	(a)	Reinhard, Sanford			
٥.	(ω)	Registered Agent and Registered Office shown on the records of the	he l	Florida De	ept. of State:
		Reinhard, Sanford N.		_	
		Registered Office Address (MUST BE FLORIDA STREET A	DL	ORESS)	
		1290 Weston Road, Suite 201			
		, FL_		33326	2 NOV 17 MIN 8:
		- N			Ŧ
	(b)	Julie Medina  Enter name of NEW Registered Agent and/or NEW Registered	Off	fice addre	
		The name of 14170 registered regain and a 14170 registered	.,,,	,	ć.
		Claro Development Solutions, Inc.			
		NEW Registered Office Address:		_	<del></del>
		1035 North Miami Ave, Suite 201			
		Miami , FL		3313	<u>6</u>
the ago wa	cha ent v s/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the ibi f th lin	e register lity comp he limite nited liab	red office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
		/ W		Sandor .	Printed or typed name of signee
I h pro the	eree visi obl	ture of a member or authorized representative of a member by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete ignitions of my position as registered agent as provided by reflect a change in the registered office address, I have a change of this change.	ee pe d fe her	to act in rformand or in Che reby conf	this canacity. I further garee to comply with the
Sis	matu	ru of Registered Agent			

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