

L14000077990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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2017 NOV 13 PM 4:00
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NOV 16 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MORAIS 151, 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:

MARCIA MORAIS DONATO

Name of Person

Firm/Company

6846 LOST GARDEN TERRACE

Address

PARKLAND, FL 33076

City/State and Zip Code

marciaitalia@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCIA MORAIS DONATO

Name of Person

at (786) 853-8289

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2017

MARCIA MORAIS DONATO
6846 LOST GARDEN TERRACE
PARKLAND, FL 33076

SUBJECT: MORAIS 151 LLC
Ref. Number: L14000077990

We have received your document for MORAIS 151 LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Document number and date of filing is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 117A00021388

2017 NOV 13 PM 3:52

2017 NOV 13 PM 4:00

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: MORAIS 151, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
20801 BISCAYNE BLVD 306
AVENTURA, FL 33180

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
20801 BISCAYNE BLVD 306
AVENTURA, FL 33180

3. 05/13/2014 Date of filing/registration in Florida

4. L14000077990 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

OSCAR GRISALES RACINI P.A.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

20801 BISCAYNE BLVD. 306

AVENTURA, FL 33180

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

MARCIA MORAIS DONATO

NEW Registered Office Address:

6846 LOST GARDEN TERRACE

PARKLAND, FL 33076

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]
Signature of a member or authorized representative of a member

MARCIA C. DE MORAIS DONATO
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]
Signature of Registered Agent