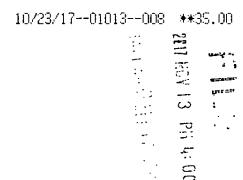
## C140000077990

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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700304675297



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 O	ffice 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								
гіпп/Сопрану								
6846 LOST GARDEN TERRACE								
Address								
PARKLAND, FL 33076								
City/State and Zip Code								
marciaitalia@hotmail.com								
E-mail address: (to be used for future ar	inual report notification)							
For further information concerning this matte	r, please call:							
MARCIA MORAIS DONATO	786 853-8289							
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 followin	g amount:							
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy							



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

## 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: MORAIS 15	1, LLC					
2 (a)		(1	h)				
(4)	Principal office address of limited liability company:  (Note: MU/ST BE STREET ADDRESS)		., <u></u>	Mailing address of limited	d liability o	company	<b>y</b> :
	20801 BISCAYNE BLVD 306		20801	BISCAYNE BLVD	306		
	AVENTURA, FL 33180		AVEN	TURA, FL 33180			
	05/13/2014		L14000	077990			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	Registered Agent and Registered Office shown on the records of OSCAR GRISALES RACINI P.A.  Registered Office Address (MUST BE FLORIDA STREET)  20801 BISCAYNE BLVD. 306	of the Florid		tate:		7817 HGY	GAE A
	AVENTURA , F	<sub>L_</sub> 33180				ယ	:
(b)	Enter name of NEW Registered Agent and/or NEW Registered  MARCIA MORAIS DONATO  NEW Registered Office Address:  6846 LOST GARDEN TERRACE	ed Office ac	ldress:			PH 4: 00	
	PARKLAND , F	ւ_ 33076	i				
Signal  I herei provisi the oblito merei	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cless of organization or the operating agreement of the operating agreement of the operating agreement of the operating agreement of the operation of a member on a operation of a member of a listatutes relative to the proper and complete igations of my position as registered agent as provided the operation of the change in the registered office address, if in writing of this change.	aws of the regitiability coordinated in the limited	State of I stered offi ompany, it inted liability of the control o	ice and the business of t is hereby confirmed the hity company or as othe ompany.  Che MORALS  Printed or typed name of appacity. I further agree	fice of the hat the electric production of the hat the electric production of the signed production of the comments of the com	e regis hange( ovided	stered s) I in

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