

6/5/2011 May 15, 2015 4:58 PM

Division of Corporations

2842 P. 11

L140000795666

Florida Department of State
Division of Corporations
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(((H15000110164 3)))



H150001101643ABCT

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To:

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

From:

Account Name : LAW OFFICE OF ALEXIS GONZALEZ, P.A.
Account Number : T20140000097
Phone : (305)223-9999
Fax Number : (305)223-1880

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

Email Address: alexis@aglawpa.com

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15 MAY 15 AM 8:33

**LLC REGISTERED AGENT CHANGE
DOURA & PUJOL INVESTMENTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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15 MAY 15 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.L.
5-18-15
1/1

May. 15. 2015 1:56PM

No. 2842 P. 2

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Doura & Pujol Investments, 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:

Alexis Gonzalez, Esq.

Name of Person

Law Office of Alexis Gonzalez, P.A.

Firm/Company

3162 Commodore Plaza, Suite 2E

Address

Coconut Grove, Florida 33133

City/State and Zip Code

alexis@aglwp.com

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

For further information concerning this matter, please call:

Alexis Gonzalez

at 305

205-9288

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

DNBS18 (2/14)

May. 15. 2015 1:56PM

No. 2842 P. 3

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: Doura & Pujol Investments, LLC
2. (a) 951 Brickell Ave
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
#2607
Miami, FL 33131
- (b) 951 Brickell Ave
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
#2607
Miami, FL 33131
3. 05/16/2014
Date of filing/registration in Florida
4. L14000079566
Document number
5. (a) Nacim Doura
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
55 SE 6 Street
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Miami, FL 33131
- (a) Age Re Services, LLC
Enter name of NEW Registered Agent and/or NEW Registered Office address:
3162 Commodore Plaza
NEW Registered Office Address:
Suite 3E
Coconut Grove, FL 33133

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

Printed or typed name of signer

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

INHS18 (2/14)

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15 MAY 15 AM 8:33