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(City/State/Zip/Phone #)	08/27/1501022017 **25.00
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COVER LETTER

TO: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

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Subject: MASTER DEALER COMPANY CAPITAL, LLC.

The enclosed Statement of Change of Registered Office or Registered Agent and fees for the above-referenced Limited Liability Company are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE J. ZAMBRANO Master Dealer Company Capital, LLC. 100 North Biscayne Boulevard, Suite 1900 Miami, FL 32172

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Enclosed Filing Fees: \$25.00

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. Na	me of the limited liability company:	er Company C	Capital, LLC.	
2. (a)	Master Dealer Company Capital, LLC.	(b) Mas	(b) Master Dealer Company Capital, LLC.	
2. (u) <u>-</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	100 North Biscayne Boulevard	100	North Biscayne Boulevard	
	Suite 1900, Miami, FL 33132	Suit	e 1900, Miami, FL 33132	
	10/01/2014	L140	00153635	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	ZAMBRANO, JOSE J			
J. (u)	Registered Agent and Registered Office shown on the records of ZAMBRANO, JOSE J	f the Florida Dept. o	f State:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	100 NORTH BISCAYNE BOULEVARD SU	IITE 1900		
	MIAMI	L 33132	33132	
(b)	MONTILLA, ALVARO	L		
(-)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:		
	MONTILLA, ALVARO	<u> </u>		
	NEW Registered Office Address:		and the second	
	100 NORTH BISCAYNE BOULEVARD SU	ITE 1900		
	<u>MIAMI</u> F	L_33132		
the cha agent v was/we the arti	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 lere authorized by an affirmative vote of the members files of organization of the operating agreement of the florida limited function of a member of a m	of the registered liability compan of the limited li e limited liabilit	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in	
I here provisi the obl to mer notified x	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect which angle in the registered office address, d in writing of this change.	gree to act in thi le performance o led for in Chapte I hereby confirm		

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

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