

L14000 154074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

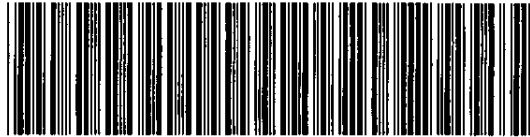
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500266514275

11/14/14--01011--001 **25.00

FILED
14 NOV 14 AM 9:58
FBI ASKS SEC. 11 CHINA

DEC 01 2013
C. CARROTHERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MMB27
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:

Matheus Luis Enrique
Name of Person
Luis Matheus.
Firm/Company

7330 NW 114 Avenue #105
Address

Doral, FL 33178
City/State and Zip Code

AQUATIMECA1@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matheus Luis Enrique at (786) 201-3609
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

**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.

- NEW**
1. Name of the limited liability company: MMB27
2. (a) 7330 NW 114 Ave (b) We're keeping P.O. Box
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
#105 Donal, FL 33178 2200 NW 72 Ave
P.O. Box 526262
MIAMI, FL 33152
L 14000154074
3. 10/02/2014 Date of filing/registration in Florida 4. Document number
5. (a) Matheus Luis Enrigue
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
7107 SW 21 Street
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Miami Address most remove.
FL, 33155, FL
- (b) Matheus Luis Enrigue / MMB27
Enter name of NEW Registered Agent and/or NEW Registered Office address:
7330 NW 114 Ave #105
NEW Registered Office Address:
DONAL, Florida 33178
Luis Matheus, FL

FILED
14 NOV 14 AM 9:50
TALLAHASSEE, FLORIDA

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.

Luis Matheus

Signature of a member or authorized representative of a member

Matheus Luis Enrigue

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.

Luis Matheus

Signature of Registered Agent