## L14000 159492

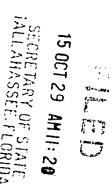
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PICK-UP	WAIT MAIL	
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September 2, 2015

ANA TORRES 6935 SW 148 CT MIAMI, FL 33193

SUBJECT: TORRES REAL ESTATE HOLDING, LLC

Ref. Number: L14000159492

We have received your document for TORRES REAL ESTATE HOLDING, 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):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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.

Letter Number: 515A00018547

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

## COVER LETTER :

**TO:** Amendment Section Division of Corporations

SURFECT. TORRES REAL ESTATE HOLDING LLC

Name of Corporation

DOCUMENT NUMBER, L14000159492

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANA DELYS TORRES

Name of Contact Person

TORRES REAL ESTATE HOLDING LLC

Firm/Company

6935 SW 148 CT

Address

MIAMI FL, 33193

City/State and Zip Code

anadelist@gmail.com

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

For further information concerning this matter, please call:

ANA DELYS TORRES

,647 \2815472

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:** 

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## 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: Torces	Real Estate Holding UC
2. (a) 6935 SW 148 CT	(b)
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
6935 SW 148 CT	6935 SW 148 CT
Miami Fl 33193	Uiami fl 33193
3. Date of filing/registration in Florida	<u>L14000159492</u> 4. Document number
5. (a) helly Amado ( Registered Agent and Registered Office shown on the records of the	· 
591 SW 32 AVE UI	ami <u>fl</u> 33(35
591 SW 32 Ave Wi	33(35) ASSE
(b) Melly Amador Enter name of NEW Registered Agent and/or NEW Registered C	
3418 W 84 ST Suit	, , , , , , , , , , , , , , , , , , ,
Hialeah Fl 33018	
, FL	
If the limited liability company is not organized under the law the change or changes are made, the Florida street address of t agent will be identical. Or, in the case of a Florida limited lial was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the liability	the registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) I the limited liability company or as otherwise provided in
Signature of a member or authorized representative of a member	.0
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I had notified in Writing of this change.	re to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept for in Chapter 605, F.S. Or, if this document is being filed ereby confirm that the limited liability company has been
Sygnature of Registered Agent	