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(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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. COVER LETTER

Registration Section Division of Corporations					
Prodisa 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:					
Etienne Berthiaume					
Name of Person					
Prodisa LLC					
yacht club of Aventura					
19877 E Country Club Drive - Unit 3-606					
Address					
Aventura, FL, 33180-4812					
City/State and Zip Code					
etienneberthiaume@prodisallc.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Etienne Berthiaume 305 699-1641					
Name of Person Area Code & Daytime Telephone Numb					
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 & Certified Copy					
INHS18 (2/14)					

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.

I. Na	ame of the limited liability company: Prodisa LLC			
2. (a)	19877 E Country Club Drive 3-608		ъ) 19	9877 E Country Club Drive 3-606
(.)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Aventura, FL, 33180-4812	_	Av	ventura, FL, 33180-4812
	October 15, 2014		 L14	4000161255
3.	Date of filing/registration in Florida	- 4.		Document number
5. (a)	Read Hankar			
.,	Registered Agent and Registered Office shown on the records of 3107 Stirling RD	the Flori	da Dept	pt. of State:
	Registered Office Address (MUST BE FLORIDA STREET) Suite 201	1DDRES	S 21	
	FT Lauderdale	3331	2	
	, , , ,			
(b)				
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	<u>ddress</u> :	n:
	3990 Sheridan St Suite:	NΑ		
	NEW Registered Office Address:			
	Hall	•		
	Holly word FI		ار و ا	<u>~</u>
the cha agent w was/wy	imited liability company is not organized under the lavinge or changes are made, the Florida succe address of will be identical. Or, in the case of a Florida limited his authorized by an affirmative vote of the members of the ganization or the operating agreement of the	the reg ability of the li	istere compa mited	red office and the business office of the registe bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
Stanat	ture of winember or authorized representative of a member	-		Printed or typed name of signee
nousee	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete its attempt as provide ely reflect a change in the registered agent as provided in writing of this change.	ree to a perfori d for in hereby	ct in the nance Chap confir	this capacity. I further agree to comply with t re of my duties, and I am familiar with and acc pter 605, F.S. Or, if this document is being fil irm that the limited liability company has been
	Division of Corporations• P.O. I			
INHS 18 (2/				

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