## Li4 606 170556

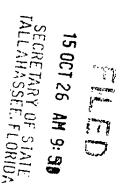
(	Requestor's Name)							
(Address)								
(Address)								
(	City/State/Zip/Phone #)							
PICK-UP	WAIT MAIL							
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

Office Use Only



100278410541

100278410541 10/26/15--01030--024 \*\*25.00



OCT 27 2015 J SHIVERS

## **COVER LETTER**

Registration Section

TO:

INHS18 (2/14)

Divis	sion of Corporations						
SUBJECT:	REYDEL ANGEL MUNIZ, LLC						
SOBJECT.	Name of Limited Liability Company						
Dear Sir or N	Madam:						
The enclosed	d Registered Agent/Registered Offi	ce Change an	d fee(s) are submitted for filing.				
Please return	all correspondence concerning thi	s matter to the	e following:				
REYDEL I	MUNIZ						
•	Name of Person		<del></del>				
REYDEL	ANGEL MUNIZ, LLC						
	Firm/Company		_ <del></del>				
15763 SW	/ 44 TER						
	Address		<del></del>				
MIAMI, FL	33185						
	City/State and Zip Code		_ <del></del>				
	IZ@GMAIL.COM						
E-mail	address: (to be used for future ann	ual report not	ification)				
For further i	nformation concerning this matter,	please call:					
REYDEL I	MUNIZ	786	3381609				
	Name of Person	_	Area Code & Daytime Telephone Number				
	REET/COURIER ADDRESS:		MAILING ADDRESS:				
_	istration Section		Legistration Section				
	ision of Corporations ton Building		Division of Corporations P.O. Box 6327				
	1 Executive Center Circle						
	ahassee, Florida 32301	•	ananasovy, rionida sils ri				
Enc	iclosed 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.

l. Nam	ne of the limited liability company:	GEL MI	JNIZ, LLO	2		
		(t	o)			
·· ( <del></del> / _	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		· /		of limited liability BE POST OFFICE	
	15763 SW 44 TER		15763 9	SW 44 TER		
-	MIAMI, FL 33185	_	MIAMI,	FL 33185		
•	11/03/2014		L140001	70550		
3.	Date of filing/registration in Florida	4.		Document n	umber	
i. (a) _						
	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of Sta	<del>-</del> te:		
	CORPORATION SERVICE COMPANY		·-			
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS	S)	_		
	1201 HAYS STREET		_			
•		00004		<del>_</del>		
	TALLAHASSEE , FI	32301		_		
					¥ S	
(b) _	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>			_	- E C	
ŀ	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	<u>ldress</u> :		AHA AHA	
	REYDEL MUNIZ				26 YAR' YSS	E444:347
	NEW Registered Office Address:			<del></del>	111 C 220	
•	13876 SW 56 ST SUITE 106				<b>H 9:</b> F 31 FL0	
	13070 344 30 31 30112 100			<del></del>	I S.	
	MIAMI	22475			IM 9: 539 DE STATE FLORIDA	
	FI ,FI	33175	·	_		
he chan igent wi was/wer	nited liability company is not organized under the lauge or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited life authorized by an affirmative vote of the members of organization or the operating agreement of the	f the reginability controls from the line control controls from the line controls from the line controls from the line control control controls from the line control control control controls from the line control con	stered offic ompany, it nited liabili	ce and the bus is hereby cont ty company o mpany.	siness office of firmed that the	the register change(s)
Signatu	re of a member or authorized representative of a member				ed name of signed	<b></b>
provisio the oblig to merel	y accept the appointment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	ree to ac e perform ed for in hereby c	t in this cap nance of my Chapter 60 confirm that	pacity. I furth duties, and I 15, F.S. Or, if t the limited Ii	her agree to co am familiar w this document iability compai	mply with th ith and acce is being file ny has been
Signatur	of Registered Agent					