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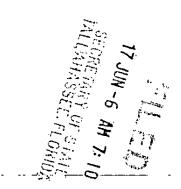
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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations	•		
SUBJECT: Miami MARITIME Name of Lin	HOLDINGS LLC nited 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	r to the following:		
Rogerio DE LAURENZI Name of Person	D .		
MIAMI MARITIME HOLDI Firm/Company	NGS LLC		
355 ALHAMBRA CIRCLE SEISSO Address			
Coral Gables, FL 3313 City/State and Zip Code	4		
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please of	call:		
Rogerio De Laurenzio at (786) 233-8368 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 amoun	t:		
\$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.

r.10	riuu	
1.	Na	me of the limited liability company: MIAMI MARITIME HOLDINGS. LLC
2.	(a)	(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)
		200 5. Biscayne 13/vd + 2500 200 5. Biscayne Blud + 2500
		Miami, FL 33131 Miami, FL 33131
		12/12/2014 14000/72156
3.		Date of filing/registration in Florida 4. Document number
5.	(a)	
	(-)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		ct corporation system
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		1200 S. Pine Island Rd.
		Plantation PL 33324
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
		Enter name of NEW Registered Agent and/or NEW Registered Office address:
		Kogerio De Laurenzio
		NEW Registered Office Address:
		355 Alhambra Circle + 1550
		Coral Gables ,FL 33134
lft	he li	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the	cha	inge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
wa	ıs/we	ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the	arti	cles of organization or the operating agreement of the limited liability company.
X	< Ciana	ture of a member or authorized representative of a member Rogerio Re Lowrengio. Printed or typed name of signee
pro the	ovisi e obl meri	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address. I hereby confirm that the limited liability company has been d in writing of this chapter of the limited liability company has been

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

Signature of Registered Agent