L15000001958

| (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



500277024435 L15-1958

500277024435 09/29/15--01005--003 **25.00

500277024435 09/29/15--01005--003 **25. Change of RA/RD



OCT -1 2015 N. CAUSSEAUX

COVER LETTER

| | sistration Section | | | | | | | | |
|--|--|--|-------------------------------------|--|--|--|--|--|--|
| , Div | ision of Corporations | | | | | | | | |
| | Emilean Management LLC | | | | | | | | |
| SUBJECT: Emilean Management LLC Name of Limited Liability Company | | | | | | | | | |
| • | Name of Limited Diability Company | | | | | | | | |
| Dear Sir or | Madam: | | | | | | | | |
| The enclose | d Registered Agent/Registered Offic | ce Change and | fee(s) are submitted for filing. | | | | | | |
| Please return | n all correspondence concerning this | s matter to the | following: | | | | | | |
| | | | • | | | | | | |
| Alicia Tris | i | | | | | | | | |
| | Name of Person | | | | | | | | |
| | | | | | | | | | |
| | | | <u> </u> | | | | | | |
| | Firm/Company | • | · . | | | | | | |
| 1270 SW | 13th Street | | | | | | | | |
| | Address | | | | | | | | |
| Miami, FL | 33145 | | | | | | | | |
| | City/State and Zip Code | | _ | | | | | | |
| aliciabsas | s01@yahoo.com | | | | | | | | |
| E-mai | l address: (to be used for future annu | ıal report notifi | cation) | | | | | | |
| For further i | information concerning this matter, | please call: | | | | | | | |
| Alicia Tris | i | 305 | 432-5363 | | | | | | |
| | Name of Person | | Area Code & Daytime Telephone Numbe | | | | | | |
| STREET/COURIER ADDRESS: | | | AILING ADDRESS: | | | | | | |
| | gistration Section | Registration Section | | | | | | | |
| | rision of Corporations fton Building | Division of Corporations P.O. Box 6327 | | | | | | | |
| 266 | 1 Executive Center Circle lahassee, Florida 32301 | | lahassee, Florida 32314 | | | | | | |
| Enclosed is a check for the following amount: | | | | | | | | | |
| 2 1 9 | 525 Filing Fee | □ \$5 | 55 Filing Fee & Certified Copy | | | | | | |
| INHS18 (2/1 | - | | | | | | | | |

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. | Na | me of the limited liability company: Emilean Mana | geme | n | t LLC | | | |
|--|-------------------------------|---|--|-------------------------------|---|--|------------------------------------|--|
| | | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1270 SW 13th Street | | | M | 1ailing address of limited liability compan (Note: MAY BE POST OFFICE BOX) 1 13th Street | | |
| | | Miami, FL 33145 | _ | | Miami, Fl | | | |
| | | 01/05/2015 | _ | ŧ | .1500000 | 1958 | | |
| 3. | | Date of filing/registration in Florida | 4. | _ | | Document number | | |
| 5. | (a) | Alicia Trisi | | | | | | |
| Э. | (a) | Registered Agent and Registered Office shown on the records of th | e Florid | la | Dept. of State: | : | | |
| Registered Office Address (MUST BE FLORIDA STREET ADD 951 Brickell Ave, #3709 | | | | | | | | |
| | | Miami , FL | 33131 | 1 | | 15 SEP ALLAH | 7 | |
| | (b) | Alicia Trisi | | | | SEP 29 1 | eriamen. | |
| | ` / | Enter name of NEW Registered Agent and/or NEW Registered (| office a | dd | ress: | Eng ₹ | 177 | |
| | | Same Registered Agent, Only Change Addre | ess | | | AM 10: 40 OF STATE EE. FLORIDA | O | |
| | | NEW Registered Office Address: | | | | | | |
| | | 1270 SW 13th Street | | | | - | | |
| | | Miami , FL | 33145 | 5 | | | | |
| the age | cha ent v s/we | imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l | s of the he reg bility of the linding | e S ist cou mi li | ered office npany, it is ted liability ability com | and the business office of the reg hereby confirmed that the change company or as otherwise provide | istered (s) | |
| | • | | Ali | ici | a Trisi | D I | | |
| I h pro the | nerei ovisi obl mere | ture of a member or authorized representative of a member by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change. | ee to ac perform for in ereby c | ct na C co | in this capa nce of my a hapter 605, nfirm that t | Printed or typed name of signee acity. I further agree to comply with luties, and I am familiar with and F.S. Or, if this document is being the limited liability company has be | th the accept g filed een | |
| | | | | | | | | |
| Si | gratu | re of Registered Agent | | | | | | |
| Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00 | | | | | | | | |