L150000 13206

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

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JU 09/24/20

COVER LETTER

TO: Registration Section Division of Corporations	•
M.Y. THE OFFICE LLC SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
John Z Kafouros	
Name of Person	· · · · · · · · · · · · · · · · · · ·
M.Y. THE OFFICE LLC	
Firm/Company	
12355 NE 13th Avenue #300	
Address	
North Miami FL 33161-5974	
City/State and Zip Code	
tsuarez@maritimeholdingsgroup.com	
E-mail address: (to be used for future annual r	report notification)
For further information concerning this matter, plea	se call:
John Z Kafouros	954 520-5782 t ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amo	ount:
☑ \$25 Filing Fee	☐ \$55 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.

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)
	12355 NE 13th Avenue #300 North Miami FL 33161		1835 Halla	andale Beach Blvd #277 Hallandale Fl 33009
	January 20 2015		L15000013	206
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Antonio Suarez			
/. (u)	Registered Agent and Registered Office shown on the records of	of the Florid	a Dept. of Stat	ee:
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	<u>S)</u>	_
	1818 SW 1st Avenue# 1901			S 26
	Miami , F	L_33129		FIL 1020 AUG -3 ECRETARN
(b)	John Z Kafouros			G-3 AM
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office a	ddress:	AMID: 2 OF STATI SEE, FL
	NEW Registered Office Address:			– m –
	12355 NE 13th Avenue #300			_
	North Miami , F	33161-5 L	5974	_
hange igent v vas/we	imited liability company is not organized under the learn changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited at the ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	aws of the ne register liability c of the ling e limited	e State of Fl red office an ompany, it i nited liabilit liability cor	d the business office of the registered s hereby confirmed that the change(s) cy company or as otherwise provided in
Signal	ture of a member or authorized representative of a member	An	tonio Suarez	Printed or typed name of signee
I herel provisi he obl o merc	by accept the appointment as registered agent and as one of all statutes relative to the proper and completing igations of my position as registered agent as provided by reflect a change in the registered office address. If in writing of this charge.	gree to ac e perforn led for in I hereby c	t in this cap lance of my Chapter 602 onfirm that	acity. I further agree to comply with the

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