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	(Requestor's Name)	
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COVER LETTER

~	istration Section sion of Corporations			
SUBJECT:	RRR SM LLC			
	Name of Limited Liability Company			
Dear Sir or N	Madam:			
The enclosed	d Registered Agent/Registered Office	Change and fo	ec(s) are submitted for filing.	
Please return	i all correspondence concerning this i	natter to the fo	llowing:	
ROMAN S	SANCHEZ			
	Name of Person		-	
RRR SM !	-LC			
	Firm/Company		-	
259 SOUT	TH COCONUT LANE			
	Address		-	
МІАМІ ВЕ	ACH FL 33139			
_	City/State and Zip Code		-	
	SANCHEZ@YAHOO.COM			
E-mail	address: (to be used for future annual	report notifica	ation)	
For further is	nformation concerning this matter, ple	rase call:		
ROMAN S		312	446-2704	
	Name of Person	\ <u></u>	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 Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		stration Section sion of Corporations Box 6327		
Enclosed is a check for the following amount:				
2 4 \$:	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. Na	ame of the limited liability company: RRR SM LLC	<u> </u>
2. (a)	259 SOUTH COCONUT LANE	(b) 259 SOUTH COCONUT LANE
2. (117	Principal office address of limited hability company: (<u>Nate: MUST BE STREET ADDRESS</u>)	Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)
	MIAMI BEACH FL 33139	MIAMI BEACH FL 33139
	APRIL 27 2017	L15000013878
3.	Date of filing/registration in Florida	4. Document number
5. (a)	UNITED STATES CORPORATION AGENT	S INC
, , ,	Registered Agent and Registered Office shown on the records of	the Florida Dept. of State:
	13302 WINDING OAK COURT A	
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS)</u>
	TAMPA , FL	33612
(b)	ROMAN SANCHEZ	——————————————————————————————————————
	Enter name of <u>NEW Registered Agent</u> and or <u>NEW Registered</u>	Office address:
	259 SOUTH COCONUT LANE	TOffice address: LAHLANA SS
	NEW Registered Office Address:	[7]~· (
	259 SOUTH COCONUT LANE	
	MIAMI BEACH FI	33139 E C
the cha agent v was/wa	inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li	ws of the State of Florida, it is hereby confirmed that after if the registered office and the business office of the registered lability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company. ROMAN SANCHEZ
Cing.	ture of a member or authorized representative of a member	Printed or typed name of signee
provisa the obt to mer	by accept the appointment as registered agent and agricons of all statues relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I dim writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept al for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
Signati	nt of Registered Agent	Box 6327● Tallahassee, FL 32314

FILING FEE: \$25.00