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COVER LETTER

TO: Registration Section Division of Corporations

Stable Paths, LLC

Name of Limited Liability Company

Dear Sir or Madam:

SUBJECT:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

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.

Jana L. Earnest

Name of Person

Isicoff, Ragatz & Koenigsberg

Firm/Company

601 Brickell Key Drive, Suite 750

Address

Miami, Florida 33131

City/State and Zip Code

Earnest@irlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jana L. Earnest	305 373-3232 at ()
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following a	mount:
☑ \$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.

1. Na	me of the limited liability company:	, LLC				
2. (a)	6105 S.W. 125th Ave.		(b)	P.O. Bo	x 430410	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		•	limited liability company: POST OFFICE BOX
	Miami, FL 33183			South M	liami, FL 332	43
	03/04/2015		L	.1500003	39893	
3.	Date of filing/registration in Florida	4.	_		Document num	ıber
5. (a)	Isicoff, Ragatz & Koenigsberg					
	Registered Agent and Registered Office shown on the records of 1200 Brickell Ave., #1900, Miami, FL 3313		rida I	Dept. of State	- c:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-	7 28
	1200 Brickell Ave., Suite 1900				_	ALC I T
	Miami	3313	31			
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office	add	<u>ress</u> :	-	FILED MITJULIL PHIZ: 18 SLUME TARY OF SLORID:
	<u>NEW</u> Registered Office Address: 601 Brickell Key Drive, Suite 750				-	
	Miami, F	L_3313	31		-	
the cha agent v was/wy the ark Signa I here provisi the obl to mer- notifie	imited liability company is not organized under the la inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member strumerized representative of 1 member by accept the appointment as registered agent and as ligations of all statutes relative to the proper and complet ligations of my position as registered agent as provid elyreflect a change in the registered office address, h d in writing of this change. Division of Corporations P.O.	the re- iability of the e limite pree to e perfo ed for hereby Box 6:	act act mact con con con con con con con con con con	in this cap not of my in this cap note of my hapter 605 nfirm that	e and the busine s hereby confirm y company or as npany. Printed or typed r duties, and I am 5, F.S. Or, if thisthe limited liable	rest office of the registered ned that the change(s) s otherwise provided in ame of signee
	\ FILING I	РЕЕ: \$	25.0	10		

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