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COVER LETTER

TO: Registration Section Division of Corporations					
SANZ BRASCHI ENTERPRISE	E LLC				
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing	g.			
Please return all correspondence concerning this m	natter to the following:				
AIDA E. BRIELE					
Name of Person					
BRIELE & ECHEVERRIA PA CPA					
Firm/Company					
5001 SW 74TH COURT, SUITE 202					
Address					
MIAMI, FL 33155					
City/State and Zip Code					
ABRIELE@BECPAS.NET					
E-mail address: (to be used for future annual	report notification)				
For further information concerning this matter, ple	ase call:	:			
AIDA BRIELE	305 443-5768				
Name of Person	Area Code & Daytime Tele	phone 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 am	iount:				
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Cop	y'			
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

1. Na	ume of the limited liability company: SANZ BRAS	SCHI ENTER	PRISE LLC	
2. (a)	1871 NW SOUTH RIVER DRIVE	(b) 18	71 NW SOUTH RIVER D	RIVE
2. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited lial (Note: MAY BE POST OF	
	APT 1701	AP	T 1701	
	MIAMI, FL 33125	MI	AMI, FL 33125	
	03/25/2015	L150	000053811	
3.	Date of filing/registration in Florida	4.	Document number	, -
5. (a)	LAURA ISAAC			
	Registered Agent and Registered Office shown on the records 1930 N. COMMERCE PARKWAY	of the Florida Dept.		.
	Registered Office Address	T ADDRESS)		FILEU 17 AUG -3 PH 1: 47 17 AUG -3 PH 1: 47
	WESTON	_L 33326		ILEL
(b)	AIDA E. BRIELE			
	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:		T I I I
	5001 SW 74TH COURT			TA .
	NEW Registered Office Address:			
	SUITE 202			
	MIAMI	. 33155		

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

20002

CARLOS O. SANZ BRASCHI

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent