L150000 54 560

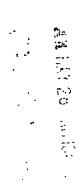
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	IMPERIAL US MIAMI, LLC					
	Name of Limited Liability Company					
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.				
Please	teturn all correspondence concerning this	matter to the following:				
Benja	amin Gene					
	Name of Person					
Keye	s Property Management					
-	Firm/Company					
4301	N Federal Highway, Ste. 2					
	Address					
Pomp	ano Beach, FL 33064					
	City/State and Zip Code					
	e@keyespm.com					
E	-mail address: (to be used for future annua	l report notification)				
For fur	ther information concerning this matter, pl	lease call:				
Benja	min Gene	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 32301	Tallahassee, Florida 32314				
Enclosed is a check for the following amount:						
	■ \$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.

I. N	ame of the limited liability company:	. US MIAMI, LLC	
2. (a)	900 Riccayna Blyd	(b)	
2. (2)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Office 701		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	Miami, FL 33132		
	03/26/2015	L150000	54560
3. 5. (a)	Date of filing/registration in Florida Fiducial Jade INC	4.	Document number
. (a)	Registered Agent and Registered Office shown on the record 990 Biscayne Blvd	s of the Florida Dept of Sta	te-
	Registered Office Address (MUST RE FLORIDA STRE	ET ADDRESS)	_
	Miami	FL_33132	
د (b)	Benjamin Gene Enter name of NEW Registered Agent and/or NEW Regist	ered Office address	- 20 - 20
	4301 N Federal Highway		· 2
	NEW Registered Office Address:	 -	₹.,
	Suite 2		<u>_</u>
	Pompano Beach	, FL.33132	_
Signa I here provis the obt to mer	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Dorida limite ere authorized by an affirmative vote of the membericles of organization or the operation agreement of a member or authorized presentation agreement of the accept the appointment as registered agent and tions of all statutes relative to the proper and complications of my position as registered agent as proved the effect of charge in the registered office address at partiting of this change.	s of the registered office d liability company, it is softhe limited liability continued liability continued liability continued liability continued liability continued liability continued to act in this capilete performance of mysided for in Chapter 60	te and the business office of the registered is hereby continued that the change(s) ty company or as otherwise provided in mpany.
Signan	are of Registered Agent		
	Division of Cornerations P	O. Roy 6327a Tallahu	sson FI 1731.1

FILING FEE: \$25.00