## L150000003258

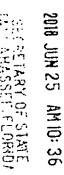
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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M. MILLIGAN JUN 3 0 2018



June 11, 2018

SUPERHOMES DEVELOPMENT LLC ATTN: JULIO SUAREZ 4300 SW 74TH AVE MIAMI, FL 33155

SUBJECT: SUPERHOMES DEVELOPMENT LLC

Ref. Number: L15000063258

We have received your document for SUPERHOMES DEVELOPMENT LLC and your check(s) totaling \$290.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

To ensure that the entity designated as the new registered agent is indexed appropriately, you must enter the complete name of the entity as indicated on our records. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan Senior Section Administrator

Letter Number: 318A00012109

## COVER LETTER

Division of Corporations	
Superhomes Development LLC	
	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Julio Suarez	
Name of Person	
Superhomes Development LLC	
Firm/Company	
4300 SW 74TH AVE	
Address	
Miami, FL 33155	
City/State and Zip Code	<del></del>
jsuarez@supermix.com	
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please ca	all:
Julio Suarez 30	
Name of Person	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 P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount	:
☑ \$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 N	ame of the limited liability company: Superhomes	Developme	ent LLC	
2. (a)		41.1		
_, ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(v)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	4300 SW 74TH AVE			
	Miami, FL 33155			
	04/10/2015	L15	5000063258	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
J, (11)	Registered Agent and Registered Office shown on the records of	the Florida Dep	nt. of State:	
	Frank Socarras + Associ	oks w	c	
	Registered Office Address (MUST BE FLORIDA STREET)			
	250 Catalonia Ave, Suite 504		-1	
	Coral Gables .FL	33134	2018	
	, , , ,	<del>-</del>	JUN 25 AHASSE	";
(b)	Enter name of NEW Registered Agent and/or NEW Registered		UN 25 A	,
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office address		
	Socarras & Associates LLC		AM IO: 36 DE STATE LELORADI	
	NEW Registered Office Address:			
	9769 South Dixie Hwy, Suite 101	·		
	Pinecrest	33156		
T.C. 1				
the cha agent was/w	limited liability company is not organized under the la- ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the registere ability compa of the limited	ed office and the business office of the registe any, it is hereby confirmed that the change(s) I liability company or as otherwise provided i	ered )
	surge contin	Bernard	do Dias	
Signa	Hure of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob- to mer	thy accept the appointment as registered agent and agi ions of all statutes 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 d'in writing of this change.	performance d for in Chap hereby confir	this capacity. I further agree to comply with e of my duties, and I am familiar with and ac oter 605, F.S. Or, if this document is being fi rm that the limited liability company has bee	the cept led n
Signar	re of Registered Agent	a Meny		
igitall	are or regionaled regain			