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COVER LETTER

TO:	Registration Section Division of Corporations		AV COMPA
	·		
SUBJ			1949
	Name of	Limited	Liability Company
Dear S	Sir or Madam:		
The ci	nclosed Registered Agent/Registered Office C	hange ar	nd fee(s) are submitted for filing.
Please	e return all correspondence concerning this ma	tter to th	e following:
Peter I	E. Reinert		
	Name of Person		
The R	einert Family Trust, LLC		
	Firm/Company		
415 Sa	arto Avenue		
	Address	·	
Coral	Gables, Florida 33134		
	City/State and Zip Code		
perein	ert@gmail.com		
]	E-mail address: (to be used for future annual re	eport not	tification)
For fu	orther information concerning this matter, pleas	se call:	
Peter I	E. Reinert at	407	432-1618
	Name of Person	\	Area Code & Daytime Telephone Numb
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amo	unt:	
	■ \$25 Filing Fec		\$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.

. Na	ame of the limited liability company: The Reinert	Family Trust, LLC			
. (a)	415 Sarto Avenue, Coral Gables FL 33134	(b) 41:	(b) 415 Sarto Avenue, Coral Gables FL 33134		
()	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	4/14/2015		000064007		
	Date of filing/registration in Florida	4.	Document number		
	Peter E. Reinert	٦.	Document namoer		
(a)	Registered Agent and Registered Office shown on the recor	rds of the Florida Dept	ı. of State:		
		·	_		
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS)			
	6095 Southwest 128th Street		·		
	Miami	_{Et} 33156			
		_, rL			
(b)	Peter E. Reinert				
	Enter name of NEW Registered Agent and/or NEW Regis	stered Office address			
	NEW Registered Office Address:				
	415 Sarto Avenue				
	Coral Gables	FL 33134			
ange ent v as/we e arti	imited liability company is not organized under the or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limiterer authorized by an affirmative vote of the membels of organization or the operating agreement of the Electric Manager ture of a member or authorized representative of a member	of the registered off ed liability compar- pers of the limited of the limited liabili	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.		
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee		
herei ovisi e obl mere	by accept the appointment as registered agent and ons of all statutes relative to the proper and comp igations of my position as registered agent as pro ely reflect a change in the registered office addres	d agree to act in the plete performance wided for in Chapt ss, I hereby confire	its capacity. I further agree to comply with the of my duties, and I am familiar with and accep ter 605, F.S. Or, if this document is being filed in that the limited liability company has been		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

notified in writing of this change

Signature of Registered Agent

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