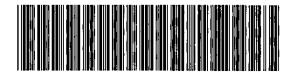
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(Requestor's Name)									
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TALLAHASSEE, FLORIUA

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJ	ECT: PMA MARBLE & TILE LLC	<b>&gt;</b>		
	, Nar	ne of Limited	Liability Company	
Dear S	Sir or Madam:			
The e	nclosed Registered Agent/Registered Of	fice Change an	d fee(s) are submitted for filing.	
Please	e return all correspondence concerning the	nis matter to th	e following:	
PER	CY MACEDO			
<del></del>	Name of Person	·		
РМА	MARBLE & TILE LLC			
	Firm/Company			16 SE
8340	SW 3rd CT # 107			16 SEP 14
	Address	•	<del></del>	- <u>0</u>
PEM	BROKE PINES, FL 33025			, PH 1:09
	City/State and Zip Code			99
РМА	MARBLETILE@GMAIL.COM			
<u>l</u>	3-mail address: (to be used for future and	nual report not	ification)	
For fu	rther information concerning this matter	, please call:		
ANA	BENDEZU	954 at (	2458256	
***	Name of Person	at (	Area Code & Daytime Telepho	one Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P.	egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314	
	Enclosed is a check for the following	amount:		
	□ \$25 Filing Fee	<b></b> 9	555 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.

1. Na	me of the limited liability company: PM	1A MARBLE	E & TILE	LLC			<u> </u>	
2. (a)	8340 SW 3rd CT # 107			(b) 8340 SW 3rd CT # 107				
2. (u)	Principal office address of limited liability (Note: MUST BE STREET ADDR		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  PEMBROKE PINES FL 33025					
	PEMBROKE PINES FL 33025							
•	04/15/2015			500007	0064			
3.	Date of filing/registration in Flo	rida	4.	1	Document number			
5. (a)	JORDANA CHEING							
J. ( <del>L</del> )	Registered Agent and Registered Office shown on	the records of the	he Florida De	pt. of State:				
	4441 COCONUT CREEK BLVD							
	Registered Office Address (MUST BE FLORI							
			22066			ਲ	A.S.	
	COCONUT CREEK	, FL	33066			SEP	26	
(b)	PERCY MACEDO			7557 1787 1				
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					PH	mq-c	
	8340 SW 3rd CT # 107					1: 09	STATE STATE	
	NEW Registered Office Address:						مثو	
	PEMBROKE PINES	, FL_	33025					
the cha agent v was/we the arti	imited liability company is not organized inge or changes are made, the Florida strevill be identical. Or, in the case of a Floriere authorized by an affirmative vote of the cles of organization or the operating agreement of a member of authorized representative of a	et address of ida limited lia ne members of ement of the	the register ability comp f the limited limited liab	red office pany, it is diability compositive the compositive t	and the business office hereby confirmed that company or as otherwipany.	of the re the chan ise provi	egistered ge(s)	
provisi the obl to mero notified	by accept the appointment as registered a ions of all statutes relative to the proper a ligations of my position as registered agerely reflect a change in the registered officed in writing of any schange.	gent and agr ind complete nt as provided e address, I h	ee to act in performanc d for in Cha hereby conf	this capa ce of my d upter 605, irm that t	city. I further agree to luties, and I am familian F.S. Or, if this docum he limited liability com	comply r with an ent is be pany has	with the ad accept ing filed s been	

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