(Requestor's Name)				
(Address)	900298800869			
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)	05/16/1701010027 ++25.00			
(Document Number)				
ertified Copies Certificates of Status	ALL ALLASS			
Special Instructions to Filing Officer:				
·	AH 0. 29			
<u>.</u>	UM212017 J. HARREIS J. HARREIS			

## COVER LETTER

TO: Registration Section Division of Corporations

(<u>an 55</u> SUBJECT: LLC

Name of Limited Liability Company

Dear Sir or Madam:

1

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

<u>Cearl 55 IIC</u> Firm/Company

19495 BISCALLOR BLUCI STELCOR Address

<u>) tura Fusciala 33170</u> City/State and Zip Code

HE MUNCIPENCE DATE (CON)

For further information concerning this matter, please call:

at (<u>305)</u> <u>2016-1750</u> Denena Secilia 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:

<sup>™</sup> \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 17, 2017

DAIANA SCALIA 19495 BISCAYNE BLVD STE 608 AVENTURA, FL 33180

SUBJECT: CAIN 55, LLC Ref. Number: L15000087623

We have received your document for CAIN 55, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 317A00009883

6 AH IO: 3 1 N3 100

www.sunbiz.org

RECEIVE

## 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: CAIN 55,	LLC					
	2301: S. Diean DR # 1407	• • • • • • • • •				107	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of li (Note: MAY BE)			
			1.11.11		_	<u>r. вод</u> ,	)
	Hollywood, Fl 33019	_	HUlly		33019		
		_					
	05/18/2015		1150	000876	073		
3.	Date of filing/registration in Florida	 		Document numl	¥¥		······
5. (a)	Dalana Scalia						
2. (d)	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of Stat	- c:			
				_			
	Registered Office Address (MUST BE FLORIDA STREET A	-					
	19495 Biscarne Blud STE	<u>j u </u>	$\mathcal{B}_{}$	_			
	Aventura	3318	<i>.</i>		$\overline{\Sigma}_{ij}$	2017	
(b)	Albertu (outtman					17 JU	1
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	dress	-	S.S.	61 RUC	alanan Shiris
	2701 5 DULT DR +1407						
	<u>3301 S. Ollan PR #1407</u> <u>NEW Registered Office Address</u>			-		AH 10:	2 2 3 
	<u>- 11-17</u> Registered Office Address.					0: 2	•
		····		_	2 T	ŝ	
	Hollyword FL	33	3019.	_			
lf the li	mited liability company is not organized under the law	's of the	State of Fh	- orida it is hereby	. confirmed	that at	lier
the cha	nge or changes are made, the Florida street address of i vill be identical. Or, in the case of a Florida limited lia	the regis	stered office	e and the busines	s office of t	he reg	istered
was/we	re authorized by an affirmative vote of the members of	the lim	ited liabilit	v company or as	otherwise p	rovide	ed in
the arti	cles of organization or the operating agreement of the 1 $AAA$	- CIN	ability con	npany.			
Signat	are of a member or authorized representative of a member	<u><u> </u></u>	NININ	Printed or typed na	ame of signee		
1 herel	y accept the appointment as registered agent and agre	e to act	in this cap	acity. I further a	igree to con	iph wi	th the
the obl	ons of all statutes relative to the proper and complete j gations of my position as registered agent as provided by reflect a change in the registered office address, I h	för in ( arabiser	ance of my hapter 602	auties, and Lam 5, F.S. Or, if this the limit series of	jamuar wit document i	n and s being	accept g filed
nglified	in registered office datases, in	ereny ce	ngam mai	ine umiteti tidoll	ay company	rnas D	een
	tof Registered Agent						

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

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