4500092992

(Requestor's Name)	
(Address)	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(Address)	<u>  </u>
(City/State/Zip/Phone #)	
	MAIL
(Business Entity Name)	
(Document Number)	<u>"</u>
Certified Copies Certificates of Statu	ls
Special Instructions to Filing Officer:	
Office Use Only	



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	COVER LETTER
<b>TO:</b> Registration Section Division of Corporations	
	HEREDEROS, LLC
Dear Sir or Madam:	
	I ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning	
Elena M. Per	nas
Name of Person	
Firm/Company	
2719 Country Clu Address	6 Prado
Coral Gables, FL City/State and Zip Code	
E-mail address: (to be used for luture a	nnual report notification)
For further information concerning this matte	er, please call:
Elma M. Pernas Name of Person	at ( <u>305)</u> 301-4220
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 followi	iglamount:
🗯 \$25 Filing Fee	S55 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. Na	me of the limited liability company:	VILLA	DE	HEREDEROS, LLC
2. (a)			(b)	)
(.)	Principal office address of limited lial		· ·	Mailing address of limited liability company:
	( <u>Note: MUST BE STREET A</u> )	['		( <u>Note: MAY BE POST OFFICE BOX</u> )
	640 NW 36	CT.	_	2719 country Club Prado
	MIAMI, FL 33	125	_	Coral Gables, FL 33134
	,			•
	May 27, 2015 Date of filing/registration in	 		L15000092992
3.	Date of filing/registration in	Florida	4.	Document number
5. (a)	Elena M. Pernas	Waecht	er	
- ( )	Registered Agent and Registered Office show	n on the records of t	he Florida	Dept. of State:
	640 NW 36 CT			
	Registered Office Address (MUST BE FL	ORIDA STREET A	(DDRESS)	2
				22
	MIAMI	, FL	33	125 E T
(b)	ELENA M	PERNA	5	2011SEP -S PK 4: 22
	Enter name of <u>NEW Registered Agent</u> and/o	NEW Registered	Office add	Iress:
	NEW Registered Office Address:			37 2
		, FL		

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of afganization or the operating agreement of the limited liability company.

Elena M. Ternas Printed or typed name of signee Signature of a member or authorized representative of a member

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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