

LP000099 884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

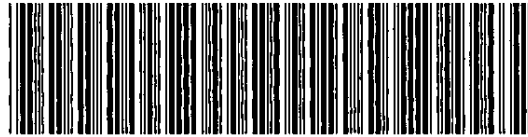
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000273802450

06/17/15--01019--017 \*\*25.00

FILED

15 JUL 17 PM 12:39

GEORGE A. J. STATE  
TOLSON, A. E. F. 10027

JUN 18 2015

S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NUMQUAM CEDE, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

RAFAEL L. ARRIBAS, III

\_\_\_\_\_  
Name of Person

NUMQUAM CEDE, LLC

\_\_\_\_\_  
Firm/Company

4070 Laguna St

\_\_\_\_\_  
Address

CORAL GABLES, FL 33146

\_\_\_\_\_  
City/State and Zip Code

rla3@mac.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAFAEL L. ARRIBAS, III

at ( 305 )

609-3303

\_\_\_\_\_  
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

FILED  
15 JUN 17 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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. Name of the limited liability company: NUMQUAM CEDE, LLC

2. (a) 4070 LAGUNA STREET

(b) SAME

Principal office address of limited liability company:

**(Note: MUST BE STREET ADDRESS)**

CORAL GABLES, FL 33146

**Mailing address of limited liability company:**

(Note: MAY BE POST OFFICE BOX)

**JUNE 8 2015**

L15000099884

3. Date of filing/registration in Florida

4. Document number

5. (a) RAFAEL L. ARRIBAS, JR.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4070 LAGUNA STREET

Registered Office Address ***(MUST BE FLORIDA STREET ADDRESS)***

CORAL GABLES, FL 33146

\_\_\_\_\_, FL

(b) RAFAEL L. ARRIBAS, III

**Enter name of NEW Registered Agent and/or NEW Registered Office address:**

NO CHANGE

**NEW Registered Office Address:**

\_\_\_\_\_, 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 organization or the operating agreement of the limited liability company.

Elsa G. Viretos  
Signature of a member or authorized representative of a member

ELSA ARRIBAS

Printed or typed name of signee

*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**

FILED  
JUN 17 PM 12:39  
15  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA