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(R	equestor's Name)						
(Address) -							
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(C	ity/State/Zip/Phone	e #)					
PICK-UP	☐ WAIT	MAIL					
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JUL 28 2015 J SHIVERS COVER LETTER 🗼 🚒

Division of Corporations
SUBJECT: 2455 Multifamily Invostment LUC 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:
Gerardo Romaguera Name of Person
KC Partners, UC Firm/Company
6625 Miami Lakes Dr. Suite 477 Address
Miami Laker, FL 33014 City/State and Zip Code
Jerry & Kcpartners 1/c. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gerarch Romaguere at (786) 285-2773 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

Tallahassee, Florida 32301

\$25 Filing Fee

Enclosed is a check for the following amount:

Registration Section

TO:

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. 1	Name of the limited liability company: 2455	Mult.	itamil	y Invest	ment uc
2. (a	8567 Coral Way	(b)	856	7 Cora	1 Way
`	Principal office address of limited liability company:	_	N		imited liability company:
	(Note: MUST BE STREET ADDRESS)		4 .10	(<u>Note: MAY BE</u>	<u>POST OFFICE BOX</u>)
	# 493		# 49	13	
	Miami, FL 33155	_	Mian	ni, FL	33155
	Co/16/2015		L15	000 105	070
3.	Date of filing/registration in Florida	4.		Document num	iber
5. (Ana M Valerias			_	
`	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	2:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		_	
	300 \$ SW 104 Ct				
	Micmi Pi	331	65	-	
	<u> </u>	- <u></u> -		-	から ST 発剤 C
(t	KC Partners LLC				
`	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	ress:	-	SEX 7
	8567 Coral Way				F. S & T
	NEW Registered Office Address:			_	6: 2 6: 2
	# 493				> Dini ®
				_	
	Miami ,FI	<u>331</u>	55 <u> </u>	_	
the cagen was/the a	e limited liability company is not organized under the la hange or changes are made, the Florida street address o twill be identical. Or, in the case of a Florida limited liwere authorized by an affirmative vote of the members rticles of organization or the operating agreement of the nature of a member or authorized representative of a member reby accept the appointment as registered agent and agisions of all statutes relative to the proper and complete bligations of my position as registered agent as provide prely reflect a change in the registered office address, lived in writing of this change.	f the regis iability co of the limi e limited li	tered office mpany, it is ted liability ability con	e and the busines hereby confirming company or a printed or typed of the confirming	ess office of the registered med that the change(s) s otherwise provided in Callera name of signee
11011	and the state of t				
Sign	ature of Bugistered Agent				
	Division of Cornerations & P.O.	Roy 6327	▲ Tallabo	ecoo FI 3231 <i>1</i>	