15000106968

Office Use Only



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05/06/16--01027--027 **25.00

K. SALY **EXAMINER**

MAY - 9

COVER LETTER

	egistration Section Division of Corporations								
SUBJEC	TRAUDSUN LLC								
Name of Limited Liability Company									
Dear Sir	or Madam:								
The enclo	osed Registered Agent/Registered Offic	ce Change and fe	ee(s) are submitted for filing.						
Please ret	turn all correspondence concerning this	s matter to the fo	llowing:						
MILENA	A MITRAUD								
	Name of Person		-						
IMIGLO	BE LLC								
	Firm/Company		_						
1395 B	RICKELL AVENUE SUITE 900								
	Address		•						
MIAMI/I	FL AND 33131								
	City/State and Zip Code		=						
MILEN	A.MITRAUD@IMIGLOBE.US								
E-mail address: (to be used for future annual report notification)									
For further	er information concerning this matter,	olease call:							
MILENA	A MITRAUD	786	683-4363						
	Name of Person		Area Code & Daytime Telephone Number						
R D C 2	TREET/COURIER ADDRESS: Legistration Section Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, Florida 32301	Regi: Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, Florida 32314						
E	Enclosed is a check for the following amount:								
ū	\$25 Filing Fee	□ \$55	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. N	ame of the limited liability company:	LLC					
2. (a)	1395 RRICKELL AVENUE SHITE 900	(b)	(b) 1395 BRICKELL AVENUE SUITE 900				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	MIAMI, FL, 33131	<u> </u>	MIAMI, F	FL, 33131			
	JUNE 18, 2015	<u>_</u>	.1500010)6968			
3.	Date of filing/registration in Florida	4.	•	Document num	nber		
5. (a)	LEGALINC CORPORATE SERVICES INC						
. ,	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:	:			
	5237 SUMMERLIN COMMONS STE 400						
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)					
					7 (c) 29		
	FORT MYERS , FL	_33907		•	2016 HAY SEGRET	TI	
(b)	IMIGLOBE LLC				ARY SSE	FILE	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				OF STA		
	1395 BRICKELL AVENUE SUITE 900				3. 46 STATE		
	NEW Registered Office Address:				1779		
	MIAMI	33131					
	, r.	<u>.</u>					
the cha agent was/w the art	limited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the registed the first factor of the limited liable to the limited liable the first factor of the first factor of the liable the first factor of	ered office npany, it is ed liability ability com	and the busine hereby confirm company or as pany.	ess office of the reg med that the chang	gistered e(s)	
G!		MILE	ENA MITE				
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act i e performa ed for in Ch hereby cor	n this capa	Printed or typed r acity. I further luties, and I am F.S. Or, if thi he limited liab	agree to comply w	ith the laccept g filed been	
Signati	re of Registered Agent						