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	(Requestor's Name)							
- (Address)								
(Address)								
	(City/State/Zip/Phone #)							
PICK-UI	P WAIT MAIL							
	(Business Entity Name)							
(Document Number)								
Certified Copies	Certificates of Status							
Special Instructions to Filing Officer:								

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MAY 12 2017 S. YOUNG SECRETARY OF STATE TALL AHASSES, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations								
SUBJE	Symonette Concierge and Export Services, LLC								
	Name of Limited Liability Company								
Dear Si	r or Madam:								
Theeno	closed Registered Agent/Registered Offic	e Change and fe	e(s) are submitted for filing.						
Please 1	return all correspondence concerning this	matter to the fo	llowing:						
Vania	Bredy								
	Name of Person		-						
Symo	nette Concierge and Export Service	æs, LLC							
	Firm/Company		-						
7971	Riviera Blvd. Suite 107								
	Address		_						
Miram	nar, FL 33023								
	City/State and Zip Code		-						
symo	nettece@gmail.com								
E	-mail address: (to be used for future annu	al report notific	ation)						
For fur	ther information concerning this matter, p	olease call:							
Vania	Bredy	954	530-6845						
	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		Regi Divi P.O.	MATLING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
	Enclosed is a check for the following	nclosed is a check for the following amount:							
	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy							

INH\$18 (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.	Na	me of the limited liability company:	ymonette.Cor	ncierge	e and Exp	ort Services, LLC		
2	(a)	Symonette Concierge and Expor	t Services, LL	L (b) Symonette Concierge and Export Services				
2. ((u)	Principal-office address of limited liabil (Note: MUST BE STREET ADL		- (0,		Aailing address of limited lia		•
		4801 S University Dr. Suite 232			4801 S U	Iniversity Dr. Suite	232	
		Davie, FL 33328		-	Davie, F	33328		
		07/09/2015			L1500011	8655		
3.		Date of filing/registration in F	lorida	4.		Document number		
5.	(a)	Vania Bredy						
٠.	(4)	Registered Agent and Registered Office shown	on the records of the	e Florida	Dept. of State	::		
		Vania Bredy - Symonette: Conci	erge and Exp	ort Se	rvices, LL			50 ·
		Registered Office Address (MUST BE FLO			1	ECR		
		4801 S University Dr. Suite 232					T MAY II	至-
		Davie .FL					 	SERVE
			, <u>_</u> _				PH	T-97C
	(b)						2:2	18 S
		Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered O	ffice ado	tress:		27	37
		Symonette Concierge and Expo	rt Services. L	LC				·
		NEW Registered Office Address:						
		7971 Riviera Blvd. Suite 107						
		Miramar	, FL_3	3023				
the ag was the Z I protected	e cha ent v as/we e arti signa herei ovisi e obli	mited liability company is not organize inge or changes are made, the Florida st will be identical. Or, in the case of a Florida store authorized by an affirmative vote of class of organization or the operating agrained of a member or authorized representative of the accept the appointment as registered ons of all statutes relative to the proper igntions of my position as registered agely reflect a change in the registered of it in writing of this change.	reet address of the rida limited liab the members of the liab the member of the liab the member a member agent and agree and complete pent as provided.	he regis bility co the lim mited I Var e to act erforma	tered office mpany, it is ited liability com hia Bredy in this cape ance of my contract of the	and the business offices hereby confirmed that y company or as otherwine pany. Printed or typed name of significantly. I further agree to duties, and I am familia is F.S. Or, if this docum	e of the re the changise provide gnee comply ver with an	gistered ge(s) ded in with the diaccept ing filed
D	Ignatu	re of Registered Agent						
		Division of Corpor	ations• P.O. Bo FILING FE			see, FL 32314		