(Requestor's Name)							
(Address)							
(Address)							
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SEP 24 2015 LBRUC'

COVER LETTER

SUBJECT:	ne of Limited L	ability Company	
	ne of Linned L.	additity Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing	ng.
Please return all correspondence concerning th	nis matter to the	following:	
AMALIA SALIBS			
Name of Person	<u> </u>	_	
1 SALE DEAL LLC.			
Firm/Company		-	
12585 N MIAMI AVE			•
Address			
MIAMI, FLORIDA 33168			
City/State and Zip Code			201 SE
The standard for the second for the		****	2015 SEP 23 SECRETARY ALLAHASSEE
E-mail address: (to be used for future an	•	ication)	SEP 23 F RETARY OF MASSEE, F
For further information concerning this matter	r, please call:		
AMALIA SALIBS	786 at (290-3425	IZ: CONTRACT
Name of Person		Area Code & Daytime Te	elephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314	Tachini semelalar
Enclosed is a check for the followin	g amount:	า เหรือ รูก พ.อ.ลณี ฮล์เ	1 การของเป็น เป็นสอบได้ใน
			opy :

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: 1 SALE DEA	AL LLC		·	·····	· · · · · · ·		
2.		1 SALE DEAL LLC.			1 SALE	DEAL LLC			
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		\ - <i>\</i>		Aailing address o (<u>Note: MAY B</u>			
		2660 SW 37th Avenue # 100 Ste. 508			2660 SW	/ 37th Aver	nue # 10	0 Ste	. 508
		Coral Gables, FL. 33133			Coral Ga	bles, FL. 3	3133		
		07/15/2015		L	1500012	21588			
3.		Date of filing/registration in Florida	4.	_		Document nu	ımber		
5.	(a)	AMALIA SALIBS							
	` ′	Registered Agent and Registered Office shown on the records of 2660 SW 37th Avenue # 100	of the Flor	ida	Dept. of State	:			
		Registered Office Address (MUST BE FLORIDA STREET	T ADDRE	SS)					
		Suite 508							
		Coral Gables , F	L_3313	3	 				
							IS IS	2015	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office :	ndd	ress:		S	<i>≅</i> 5	777
							RETARY AHASSEL	SEP 23	
		NEW Registered Office Address:					E FE	σ	
							OF STATE	û 알	
		, F	FL				A	T.	
the age	cha ent v s/we	mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Of in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the re liability s of the l ne limite	gist cor imi d li	tered office npany, it is ted liability	and the busing the hereby confined to the hereby company or apany.	ness office	e of the	e registered
		ure of a member or authorized representative of a member	_			Printed or type		_	
I h pro the to i	ierel Wisi obl nere ified	or accept the appointment as registered agent and a cons of all statutes relative to the proper and complet igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	gree to d te perfor ded for it I hereby	nct ma 1 C co	in this cape nce of my d hapter 605 nfirm that i	acity. I furthe duties, and I c , F.S. Or, if t the limited lia	er agree to am familia his docum ability com	comp or with nent is npany i	ly with the and accept being filed has been
Sig	gnatu	re of Registered Agent							