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(Requestor's Name)					
(Nedpesies a marrie)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
<u></u>					
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
(2)	,				
Certified Copies	Cortificator	of Status			
Cermed Copies	_ Certificates	o or Status			
Special Instructions to Filing Officer:					

Office Use Only



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FILED

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TO JUL 17 PM 3: 5

n RRUCE JUL 18 2017

Incorporating Services, Ltd.

3500 S DuPont Highway Dover, DE 19901 302.531.0855

Fax: 302.531.3150 www.Incserv.com

e-mail: info@incserv.com

incserv^o

ORDER FORM

Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM: Beverly Porter bporter@incserv.com

302.531.3150

REQUEST DATE 7/17/2017

PRIORITY Routine

OUR REF_#_(Order_ID#)_ 588157

ORDER ENTITY
CARLOS Y DARIO LLC

PLEASE PERFORM THE FOLLOWING SERVICES: File the attached change of agent document	
	WIII JUL
NOTES:	SSS 23.
\$25.00 Authorized	A ID 5
RETURN/FORWARDING INSTRUCTIONS:	

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, July 17, 2017 Page 1 of 1

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.

2. (a)		(b)	·
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7950 NW 53rd Street, Suite 337	79	50 NW 53rd Street, Suite 337
	Miami, FL 33166	Mi	ami, FL 33166
	September 8, 2015	L15	5000149973
3.	Date of filing/registration in Florida	4.	Document number
5. (a	,		
J. (a	Registered Agent and Registered Office shown on the records o	f the Florida Dept	t of State:
	Straschnoy, Martin		
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	
	7950 NW 53rd St, Suite 337		
	Miami	33166	2011 TALL
	Miami F	L_33100	
			ARC E
(b	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address	HASSER I
	Incorporating Services, Ltd.		
	NEW Registered Office Address:		LORID
	1540 Glenway Drive		RIDA RIDA
	Tallahassee	FL_32301	
the age	the limited liability company is not organized under the change or changes are made the Florida street address in will be identical. Or the case of a Florida limited street authorized by a fifther live or the members.	laws of the Sta of the register I liability comp	red office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
the	articles of organization of the operating agreement of t	he limited liab	ility company.
-	gnature of a maniper of authorized representative of a member	$\omega_{\mathcal{B}}$	STIN STUBSCHUOY
I ha prot the a	ereby accept the appointment as registered agent and a visions of all statutes relative to the proper and comple philigations of my position as registered agent as provi arely reflect a change in the registered office address, fied in writing of this change.	agree to act in ete performand ided for in Cha . I hereby conf	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accepapter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
(Zemero Poitu, Asst Sec		
Sign	sture of Registered Agent		