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Office Use Only



COVER LETTER

TO: Registration Section Division of Corporations

CANCUN GRIEL DORAL, LLC

SUBJECT:

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:

MICHAEL COSCULLUELA

Name of Person

COSCULLUELA & MARZANO P.A.

Firm/Company

14261 COMMERCE WAY SUITE 205

Address

MIAMI LAKES, FL 33016

City/State and Zip Code

MCOSCULLUELA@CMPALAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL COSCULLUELA	305 2161865 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

Enclosed is a check for the following amount:

S25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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.

Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 16310 NW 84TH COURT MIAMI LAKES, FL 33016 L15000150761 Document number
16310 NW 84TH COURT MIAMI LAKES, FL 33016 L15000150761 Document number
L15000150761 Document number
Document number
Dept. of State:
Dept. of State:
TALLAHASSEE.FLOED
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

MICHAEL COSCULLUELA

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00