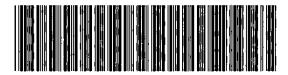
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## **COVER LETTER**

SUBJECT: 44 Rivo Alto LLC  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:
Rogerio de Laurenzio Name of Person  44 Rivo Alto LLC Firm/Company
355 Alhambra Circle #1550
Coral Gables, FL 33134 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rogerio de Laurenzio at (786) 233_8368  Name of Person at (786) Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

**\$25** Filing Fee

Enclosed is a check for the following amount:

Registration Section Division of Corporations

TO:

## 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: 44 RPvo Alto LLC
2. (a)	DLA PipER (b) DLA Piper
2. (u)	Principal office address of limited liability company:  Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	200 5 Biscayne blud \$2500 200 5 Biscayne Blud \$250
	Miami, FL 33131 Miami, FC 33131
	09/09/2015 15000151044
3.	Date of filing/registration in Florida 4. Document number
5. (a)	NRAI Services Inc
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	1200 S. Vine Island Rd.
	Plantation FL 33324
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Roperso de Lawrenzio
	NEW Registered Office Address:
	355 Alhambra Circle + 1550
	Coral Gables FL 33134
	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
agent v	inge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/w	ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization of the persiting agreement of the limited liability company.
THE GIT	Poprio de Laurenzio
Sign	ture of a member of authorized representative of a member Printed or typed name of signee
I here provisi the obi to mer notifie	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of myposition as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a france inches registered office address, I hereby confirm that the limited liability company has been a my inches filed in writing of this formal.
Signate	te of Registered Agent

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