L17000157647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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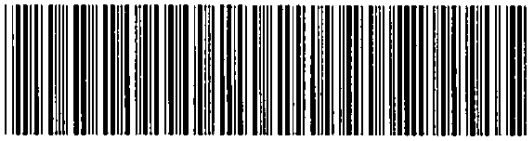

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUN 21 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 24, 2017

LILIAM FERNANDEZ
LILIAM FERNANDEZ, P.A.
1621 NW 13 COURT
MIAMI, FL 33125

SUBJECT: TELCOMBAS LLC
Ref. Number: L15000157047

We have received your document for TELCOMBAS LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 217A00010482

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TALLAHASSEE, FLORIDA

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2017 JUN 20 AM 11:2
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TELCOMBAS, 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:

Liliam Fernandez
Name of Person

LiLiAM Fernandez, P.A
Firm/Company

1621 NW 13TH Court
Address

Miami, FL 33125
City/State and Zip Code

lily@lfcpa.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Liliam Fernandez at (305) 861-1277
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

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (2/14)

LTR NUMBER: 217A00010482

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. Name of the limited liability company: TELCOMBAS LLC

2 (a) 1621 NW 13 Court
Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)

Miami, FL 33125

(b) 1621 NW 13 Court
Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)

Miami, FL 33125

3 9/15/2015
Date of filing/registration in Florida

4 L15000157047
Document number

5 (a) Leonor Powell
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

14071 SW 15 Court
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Davie FL 33325

(b) Liliam Fernandez, P.A.
Enter name of NEW Registered Agent and/or NEW Registered Office address.

1621 NW 13 Court
NEW Registered Office Address

Miami FL 33125

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TALLAHASSEE, FLORIDA

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.

X. _____
Signature of a member or authorized representative of a member

Christian Bascompte
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

INHS 3 (2-14)

LTR NUMBER: 217A00010482