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(A	ddress)			
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(C	ity/State/	/Zip/Phone	: #)	
PICK-UP		WAIT		MAIL
(B	usiness	Entity Nan	ne)	
		N N I N		
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Certified Copies		Certificates	of State	us
Special Instructions to	Filing C	Officer:		

Office Use Only

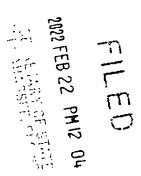


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COVER LETTER

Division of Corporations							
SUBJECT:	The	Fal con	Service:	MiaHi	LLC		
		Name of	Limited Liability C	ompany			
Dear Sir or Madam:	:						
The enclosed Regis	tered Agent/Re	egistered Office C	hange and fee(s) are	submitted for filin	g.		
Please return all cor	respondence c	oncerning this ma	tter to the following	;;			
Eden	Name of	anc6 Person					
The F	Firm/Con	Service	MiaMi				
16440	SW I	38 C+					
Homeste	City/State and	3303 I Zip Code	.2				
Blan (C E-mail address	o . Eder s: (to be used f	or future annual r	noo . Com eport notification)				
For further informat	tion concerning	g this matter, plea	se call:				
	Sanch ne of Person	.c Za		ode & Daytime Tel			
P.O. Box 6	n Section f Corporation	S	Regis Divisi The C 2415	tration Section fon of Corporation entre of Tallahass N. Monroe Street, nassee, FL 32303	see		
Enclosed is	a check for t	he following amo	ount:				
⊠ \$25 Filin	ıg Fee		□ \$55 Filing	Fee & Certified Co	DΥ		

INHS18 (2/14)

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: The Falcom Service	e Miahi LLC
2. (a	a) 29405 CW 155 th Ct (b) 294	05 SW 155thc+
2. (a	Principal office address of limited liability company: Mail	ing address of limited liability company:
		ote: MAY BE POST OFFICE BOX
	Homestead FL, 33033 Homes	stead FL, 33033
	09/22/2015 LIBOC	00161195
3.		cument number
5. (a	(a) Yadiel Sanchez	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	29405 SW 155 th Ct	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	Homestead IL, 33033	
	, FL	-1
(1	b) Edenia Blanco	1022 F
(0	Enter name of NEW Registered Agent and/or NEW Registered Office address:	TEB TI
		22
	16440 SW 138 th Ct	PH IZ
	NEW Registered Office Address:	
		9
		•
	Homestead 1, FL 33032	
If the	e limited liability company is not organized under the laws of the State of Florida	a it is hereby confirmed that after the
chan	nge or changes are made, the Florida street address of the registered office and the	e business office of the registered
was/	nt will be identical. Or, in the case of a Florida limited liability company, it is here were authorized by an affirmative vote of the members of the limited liability co	mpany or as otherwise provided in
the a	articles of organization)or the operating agreement of the limited liability compar	IV.
	79/ Yadel	nted or typed name of signee
_	, , , , , , , , , , , , , , , , , , , ,	
l her provi	ereby/accept the appointment as registered agent and agree to act in this capacity eisions of all statutes relative to the proper and complete performance of my dution	v. I further agree to comply with the es, and Lam familiar with and accept
the o	visions of all statutes relative to the proper and complete performance of my duti- obligations of my position as registered agent as provided for in Chapter 605, F., perely reflect of change in the registered office address, I hereby confirm that the c	S. Or, if this document is being filed limited liability company has been
notifi	fied in writing of this flange.	
Signa	nature of Registerce Agent	