45000/63021

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COVER LETTER

SUBJECT: 11061 Holdings Group 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:						
Richard Lovelace						
Name of Person						
11061 HOLDINGS GOUP UC						
Firm/Company						
11061 NE 6AXE						
Minui, FL 33161						
City/State and Zip Code						
rpassetbox egral com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
PAMINO J VriDE at (286) 4864308						
Name of Person Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

Tallahassee, Florida 32301

\$25 Filing Fee

Enclosed is a check for the following amount:

TO: Registration Section

Division of Corporations

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.

i. Na	ame of the limited liability company: 11061 H	3012	ings Group L	LC.
	11001 NE 6 Axe			SYA
Σ. (α)	Principal office address of limited liability company:	_ (0)	Mailing address of limite	
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POS	T OFFICE BON
	MOHL 33/61	_	(VIICe, +L	- 23/61
		_		
	09/24/2015		L 1500016	3021
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Jaime reisach			
	Registered Agent and Registered Office shown on the records of the	he Florida I	Dept. of State:	
	11061 NE 6 AVE			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		
	ma fl, 33161			
	MIA .FL	33	161	
(b)	Ramiro J. Vrib.	e		151 26
	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	<u>ress</u> ;	21
	IIII Biscayne Blu	60 8	Apt 728	्र ज़
	NEW Registered Office Address:			24 ; ;
	Miam, + L 33	181		
	Wice, FL	33	181	
the chagent was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or in the case of a Florida limited lia ere authorized by an effirmative vote of the members of iclos of organization or the operating agreement of the l	the regist bility cor f the limi	tered office and the business ompany, it is hereby confirmed ted Liability company or as oth	ffice of the registered that the change(s)
Signa	ature of a member of authorized representative of a member	-	Printed or typed name	of signee
provis the ob to mer	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided els reflect a change in the registered office address, I h diskritting of this change.	ee to act i performa I for in Ci iereby coi	in this capacity. I further agre ince of my duties, and I am fan hapter 605, F.S. Or, if this do nfirm that the limited liability	re to comply with the uiliar with and accept cument is being filed company has been
	et and a second			

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

Signature of Registered Agent