L15000 167471

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: MILOP 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:	
Edith M Scidman Name of Person	
Mildy LLC Firm/Company	
3250 NE 1st AVE 108 Address	
Mi ami Flu 33137 City/State and Zip Code	
info@ wycityliving. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	•
Yanni Sabag at 646, 651-5667	
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 & 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.

Name of the limit	ed liability company:	Milop	LLC.			
2. (a) 3250 Principal	NE 154 AVE \08 office address of limited liability con	(b)	Mailin	~	nited liability comp	•
3250	NE 1 ^N AVE 108		32 <i>5</i> 0	VE \S	OST OFFICE BO.	_
miani	FL 33137	 	miani	h'	33137	
10/0	12015		1/50	0016	7471	
5. (a)	of filing/registration in Florida	M		ument numbe	er	
Registered Agent	and Registered Office shown on the	records of the Florida	Dept. of State:			
Registered Office	Address (MUST BE FLORIDA NG 154. AV					
North	miami beach	, fl <u>33</u>	137		2016 JU	-17
(b)Enter name of NI	W Registered Agent and/or NEW	Registered Office add	<u>ress</u> :		A Section	
NYCi	ty Living	LLL				Ü
NEW Registered	Office Address:	51.			6 5	
Plant	ation	, fl33°	325			
the change or changes agent will be identical was/were authorized t the articles of organiz	company is not organized und are made, the Florida street a Or, in the case of a Florida by an affirmative vote of the mation or the operating agreement	Iddress of the regis limited liability con nembers of the limi ent of the limited li	tered office and mpany, it is her ted liability cor	the business eby confirme npany or as o	s office of the re ed that the chan	egistered ge(s)
Seignature of a member of	or authorized representative of a mem	nber —	Salo MAN Prin	とがて以 ted or typed nar	me of signee	
I hereby accept the a	ppointment as registered ager tes relative to the proper and position as registered agent a ange in the registered office a his change.	t and agree to act	in this capacity	. I further as	eree to comply	with the d accept ing filed been

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