## 1500176353

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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## COVER LETTER

	istration Section ision of Corporations					
SUBJECT:	Universe Soccer LLC					
SUBJECT: Name of Limited Liability Company						
Dear Sir or l	Madam:					
The enclosed	d Registered Agent/Registered Off	ice Change a	nd fee(s) are submitted for filing.			
Please return	n all correspondence concerning th	is matter to th	ne following:			
Jeffry Ben	njamin Vargas					
	Name of Person		<del></del>			
Universe :	Soccer LLC					
	Firm/Company					
615 Bird F	Rd.					
·	Address		<u> </u>			
Coral Gab	bles, FL 33146					
•	City/State and Zip Code					
j.benjamir	nvargas@yahoo.com					
E-mail	address: (to be used for future and	ual report no	tification)			
For further i	nformation concerning this matter.	, please call:				
Jeffry Ben	ijamin Vargas	nt l	786-797-5221			
	Name of Person	at (	Area Code & Daytime Telephone Number			
Reg Divi Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle lahassee, Florida 32301	] [	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314			
Enc	losed is a check for the following	g amount:				
<b>⊿</b> \$	25 Filing Fee	٥	\$55 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.

I. Na	universe Soco				
	Universe Coccer LLC		Universe Soccer LLC		
(a)	Principal office address of limited hability company:  (Note: MUST BE STREET ADDRESS)	_ (")		ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  Rd. Coral Gables, FL 33146	
	615 Bird Rd. Coral Gables, FL 33146	_			
	10/16/2015	1	_15000176	6353	
3.	Date of filing/registration in Florida	4.	ī	Document number	
5. (a)					
. (a)	Registered Agent and Registered Office shown on the records of the CORPORATION SERVICE COMPANY	he Florida I	λept, of State.		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	<del></del>		
	1201 HAYS STREET TALLAHASSEE, FL	32301			
(b)					
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress.		
	Jeffry Benjamin Vargas				
	NEW Registered Office Address:			;;;; <del>;;</del>	
	615 Bird Rd.				
	Coral Gables, FL	33146		.,	
the cha agent v was/we the arti Signa I here, provisi the obl to mero	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 liagre authorized by at affirmative vote of the members of teles of organization or the operating agreement of the large was nember authorized authorized representative of a member by accept the appointment as registered agent and agreement of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I is a first of the change.	the registability confirmated life Jeffr	tered office upany, it is ted liability ability compy Benjam	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. in Vargas  Printed or typed name of signee city. I further agree to comply with the	
I here, provisi the obl to mero notified	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h	ve to act performa I for in C vereby co	in this capa nce of my d hapter 605, nfirm that ti	city. I further agree to comply uties, and I am familiar with a F.S. Or, if this document is be he limited liability company ha	

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

INHS18 (2/14)