## 15000/84320

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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ALEXIS Birbragher, P.U.C. 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:
Alexis Birbragher Name of Person
Alexis Birbragher, PLLC Firm/Company
12680 SW 91 <sup>St</sup> Avenue Address
Miami, Fl 33176 City/State and Zip Code
E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Alexis Birbragher at (305) 199-2008  Name of Person at (305) Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building C661 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

1 10/14	···
1. N	ame of the limited liability company: Hlexis Birbragher, PLLC
2. (a)	12680 SW 91st Ave (b) 12680 SW 91st AVE
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	MIAMI FL 33176 MIAMI, FL 33176
3.	Date of filing/registration in Florida  4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	8585 Sunset Drive #105
	Registered Office Address (MISTRE FLORIDA STREET ADDRESS)
	mi Ami
(b)	Service and the service and th
(0)	Alexis Birbragher  Enter name of NEW Registered Agent and/or NEW Registered Office address:
	12680 SW 91 St Avenue
	NEW Registered Office Address:
	MIAMI ,FL 33176
the cha agent v was/we the art: Signa	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization of the operating agreement of the limited liability company.  Printed or typed name of signed by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the cons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely raffect a change in the registered office address, I hereby confirm that the limited liability company has been
	i in/writing of this change.  1 in/writing of this change.  1 in/writing of this change.

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