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SECRETARY OF STATE

COVER LETTER

	Registration Section Division of Corporations					
SUBJE	Miura Investments LLC					
	Name of Limited Liability Company					
Dear Sir	r or Madam:					
The enc	losed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.				
Please r	eturn all correspondence concerning this n	natter to the following:				
Nicole	Galego					
-	Name of Person					
Galeg	o Law Group					
	Firm/Company					
23 2 Aı	ndalusia Avenue, Suite 202					
	Address					
Coral	Gables, FL 33134	•				
	City/State and Zip Code					
	@galegolaw.com					
E-	mail address: (to be used for future annual	report notification)				
For furt	her information concerning this matter, ple	ease cail:				
Nicole	Galego	305 444-9000				
	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	□ \$55 Filing Fee & Certified Copy				
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.

. Na	me of the limited liability company: Miura Investm	ents L	LC			
(a)	151 SE 15 Road		(b) 151 SE 15 Road			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Suite 1602		Mi	iiling address of limited lii (Note: MAY BE POST O	·	
	Miami, FL 33129	-	Miami, FL	. 33129		
	10/21/2016		L15000192	2583		
(2)	Date of filing/registration in Florida Miguel A. Diaz-Varela	4.		Document number		
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 151 SE 15 Road				SECI IALL/	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 1602				APR 23 RETANY AHASSE	
	Miami	33129)		SEE FL	
	Enter name of NEW Registered Agent and/or NEW Registered C/O Galego Law Group NEW Registered Office Address:	Office o	ddress		IZ: 45 TAIE ORIO,	
	232 Andalusia Avenue, Suite 202					
	Coral Gables	3313	4			
e cha gent v as/w e art	imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reg ability of the li limited	istered office company, it is mited liability	and the business offi hereby confirmed the company or as other pany. z-Varela	ce of the registered at the change(s) wise provided in	
	ture of a member or authorized representative of a member			Printed or typed name of		
here ovisi e obi mer vijie	by accept the appointment as registered agent and agricons of all statutes religiive to the proper and complete ligations of my position as registered agent as provide ely reflect a change by the registered office address, I did writing of this change.	ree to a perfori a for in hereby	ct in this capa mance of my a i Chapter 603, confirm that i	city. I further agree luties, and I am famil F.S. Or, if this docu he limited liability co	to comply with the iar with and accept ment is being filed unpany has been	
	of in willing of this change.	·	•	,		

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

INHS18 (2/14)