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COVER LETTER

TO:	Registration Section	

Division of Corporations

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:

SANTIAGO RODRIGUEZ

Name of Person

TATEL MIAMI
Firm/Company

1 LINGLN ROAD
Address

MIAMI BEACH, FLA 33139 City/State and Zip Code

Srodriquez @ makelcanital · om
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANTIAGO LODRIGUEZ at (305) 4917844

Name of Person Area Code & Daytime Tele

time 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)

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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. Name of	f the limited liability comp	any: TATEL	<u> </u>	MIA	ONE WI	<i>اساسا</i> (۱۲۵۱۸)	BO	A D
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3.	Date of filing/registrat		4.	د ۱۰ سی	Document nur		<u> </u>	
5. (a)	TONIAC ALE	NSO						
Regist	tered Agent and Registered Office		Florida I	Dept. of State	:			
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ک _(b)	ANTIAGO	RODRIGU	E2	=		$oldsymbol{\mathbb{Z}}_{\mathbb{K}}$	2017	
	name of NEW Registered Ager	and/or NEW Registered O	ffice addi	ess:		- A	7 55.8	_11
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NEW NEW	Registered Office Address:	DAU				[21]=- [21]=- [2]=-	لببا	
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		FI				\$4×	<u></u>	
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the change of agent will be was/were aut	I liability company is not on the changes are made, the Floor identical. Or, in the case thorized by an affirmative of organization or the operation.	orida street address of the of a Florida limited liab vote of the members of the	ne registe ility con the limit	ered office apany, it is ed liability	and the busin hereby confir company or a	ess office med that t	of the re he chang	gistered ge(s)
			<u></u>	DAITAN	o Rosa (? Printed or typed	GUEZ		
-	a member of authorized represer				* *	=		1.1 .1
I hereby acc provisions of the obligatio to merely ref notified in w	rept the appointment as reg fall statutes relative to the ons of my position as regist flect a change in the regist riting of this change	gistered agent and agree proper and complete pe ered agent as provided j ered office address, I he	to act i erforma for in Cl reby cor	n this capa ace of my a apter 605 afirm that i	icity. I further luties, and I ai , F.S. Or, if th he limited lial	· agree to c n familiar nis docume pility comp	comply v with and ont is beil cany has	with the d accept ng filed been
C' (C')								
Signature of Re	egistered Agent							
	Division of (Corporations P.O. Bo	x 6327	Tallahas	see. FL 32314]		

FILING FEE: \$25.00