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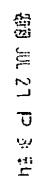
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MULTICSTO Talenteux

## **COVER LETTER**

TO:

INHS18 (2/14)

**Registration Section** 

Division of Corporations VILLEGAS FAMILY LLC SUBJECT: 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: MICHEL F VILLEGAS Name of Person VILLEGAS FAMILY LLC Firm/Company 3040 SW 130 AVE Address **MIAMI FL 33175** City/State and Zip Code vill1395@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHEL F VILLEGAS Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BUTT

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability c submits the following statement in order to change its registered office or registered agent, or both, in the Florida.

1.	Na	me of the limited liability company: VILLEGAS F	AMILY	LLC			
2.	(a)			(b)			
	(-)	Principal office address of limited liability company:	<del></del>		lailing address		liability compa
		(Note: MUST BE STREET ADDRESS) 3040 SW 130 AVE		3040 SW	/ 130 AVE	<u> </u>	OTTICE BOX
		MIAMI FL 33175		MIAMI FL	L 331/5		
		12/11/2015		L1500020	6563		
3.		Date of filing/registration in Florida	4.		Document ni	umber	
5.	(a)	MICHEL F VILLEGAS					
٠.	(u)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State:	:		
		Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u>SS)</u>			
		3040 SW 130 AVE	. <u> </u>				
		MIAMI , FI	3317	5		200	
	(b)	MABIET VILLEGAS  Enter name of NEW Registered Agent and/or NEW Registered	l Office s	address:			
						ل نيو	( <b>)</b> (1) (1)
		NEW Registered Office Address:		<u> </u>	· ·		•
		3040 SW 130 AVE				<u></u>	
		MIAMI , FI	3317	5			
the age	cha ent v is/we	imited liability company is not organized under the la nge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the reg ability of the li limited	gistered office company, it is mited liability	and the busi hereby conf company or pany.	ness of irmed tl	fice of the re nat the chang
_4	Mgnat	ture of a member or authorized representative of a member		IOIILLI VII	Printed or type	d name o	f signee
no	пртес	by accept the appointment as registered agent and agents of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I in what my of this change.					e to comply viliar with and ument is beil ompany has
		Division of Corporations P.O.	Box 63:	27● Tallahass	see, FL 3231	4	

**FILING FEE: \$25.00**