## L1600000 6663

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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJI	COSMOPOLITAN REALTY	COSMOPOLITAN REALTY LLC				
50201		Name of Limited Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning the	s matter to the following:				
YULY	/ RODRIGUEZ					
	Name of Person					
	Firm/Company					
250 V	WILSHIRE BLVD SUITE 114					
	Address					
CAS	SELBERRY FL 32707					
	City/State and Zip Code					
_	guezyuly@yahoo.com					
E	E-mail address: (to be used for future ann	ual report notification)				
For fu	rther information concerning this matter,	please call:				
YULY	/ RODRIGUEZ	407 879-0720				
	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				
	amount:					
	☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				
INHS1	8 (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.

1. N	ame of the limited liability company: COSMOPO	OLITAN R	REALTY LLC			
2. (a)		(h	)			
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing a	address of limited lia	bility cor	npany:
	274 WILSHIRE BLVD SUITE 232		250 WILSHIR	E BLVD SUIT	E 114	
	CASSELBERRY FL 32707		CASSELBERRY FL 32707			
	01/08/2016		L16000000666	33		
3.	Date of filing/registration in Florida	4.	Docur	ment number		
5. (a)	YULY RODRIGUEZ					
. (u)	Registered Agent and Registered Office shown on the records	s of the Florida	Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS	<del></del>			
	274 WILSHIRE BLVD SUITE 232		-			
	CASSELBERRY	32707		و ۱۰۰۰ و		
	, , , , , , , , , , , , , , , , , , ,	FL_32707			2818	CD-C-m.
(b)	-				_	1
(0)	Enter name of NEW Registered Agent and/or NEW Register	red Office add	iress:		122	Explains Explains
				in in the second	AH.	ਹ .7*ਲ+: ਨੂੰ ਨੂੰ ਨ
	NEW Registered Office Address:				ò: ⊒κ	, ·
	250 WILSHIRE BLVD SUITE 114			<b>高</b> 流	ഗ	•
	230 WILSTIRE BLVD SOTTE 114			<b>≫</b> 1	ש	
	CASSELBERRY	FL_32707				
the cha agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the street and the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case	s of the regised liability contractions of the limited I	stered office and the mpany, it is herebouted liability company.	he business office by confirmed that bany or as otherw	of the the cha	registered inge(s)
Signa	attre-of a member or authorized representative of a member	10	LY RODRIGUE	d or typed name of sig	enee	
I here provis the ob- to mer notifie	by accept the appointment as registered agent and it ions of all statutes relative to the proper and completing some of all statutes relative to the proper and completing as registered agent as provingly reflect a change in the registered office addressed in writing of this change.	agree to act ete performo ided for in C , I hereby co	in this capacity. ance of my duties, chapter 605; F.S. onfirm that the lim	I further agree to and I am familia Or, if this docum iited liability com	comply r with a ent is b pany h	y with the and accept eing filed as been
Signati	ire of Registration from					
	Division of Corporations • P.C	D. Box 6327	• Tallahassee, Fl	L 32314		

**FILING FEE: \$25.00** 

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