

116000018945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS

OCT 26 2016
O SIMMONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: START UP BOUTIQUE LLC

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:

HUGO RIBEIRO SILVA

Name of Person

START UP BOUTIQUE LLC

Firm/Company

420 LINCOLN ROAD STE 500

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

BETTO.BISCAIA@CONCEPTIDGROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SYLVIO CORDEIRO, CPA

Name of Person

at (305) 467-5117

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

**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 the limited liability company: START UP BOUTIQUE LLC

2. (a) Principal office address of limited liability company:
*(Note: **MUST BE STREET ADDRESS**)*

420 LINCOLN ROAD STE 500

MIAMI BEACH, FL 33139

(b) Mailing address of limited liability company:
*(Note: **MAY BE POST OFFICE BOX**)*

420 LINCOLN ROAD STE 500

MIAMI BEACH, FL 33139

01/27/2016

3. Date of filing/registration in Florida

L16000018945

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

ISAO KISHIYAMA

Registered Office Address *(**MUST BE FLORIDA STREET ADDRESS**)*

420 LINCOLN ROAD STE 390

MIAMI BEACH, FL 33139

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(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

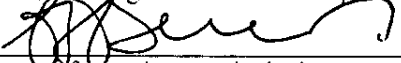
CONCEPT ID GROUP LLC

NEW Registered Office Address:

420 LINCOLN ROAD STE 500

MIAMI BEACH, FL 33139

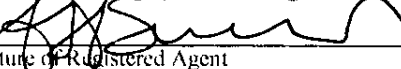
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

X 
Signature of a member or authorized representative of a member

CARLOS BISCAIA

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

X 
Signature of Registered Agent

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REIC One LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Denise Dal Fabbro de Campos

(Name of Person)

REIC One LLC

(Firm/Company)

6303 Blue Lagoon Drive Ste. 200

(Address)

Miami, FL 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

Denise Dal Fabbro de Campos

(Name of Person)

(305)

373-0123

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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Division of Corporations
Clifton Building
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Tallahassee, FL 32301