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SECRETARY OF STATE
FALLAHASSEE, FLORID!

K. SALY EXAMINER

AUG 11

CQVER-LETTER

TO:	Registration Section Division of Corporation		
SUBJI	ECT:	Barley	

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:

Lorge G Rumis
Name of Person
Berley
Firm/Company
20040 SW 132 AUE
Address
Miami Fl 33177
City/State and Zip Code
CPDEUELOPERS Q Yahoo com

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

For further information concerning this matter, please call:

Jorse G Rames at (305) 498-50-16

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.

1. Na	me of the limited liability company: كصراحة	4050	situation Gra	20 (66
	20040 SW 132 AVE	(b)_		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	_	imited liability company: POST OFFICE BOX)
	minus FL 33190		8915 SW 72	St #C-150
			miun; FC	
			veriani, c	
	5-1-16 Date of filing/registration in Florida			
3.	Date of filing/registration in Florida	4.	Document num	ber
5. (a)	Jorge I Ruma			
, ,	Registered Agent and Registered Office shown on the records of the	e Florida Dep	ot. of State:	
	20040 SW132/AU	ب		
	Registered Office Address (MUST BE FLORIDA STREET A			
	minni FL 33177			
	EI		,	2016 SE
	, FL_			2016 AUG
(b)	4DAM UNDURFER			ASS.
(0)	Enter name of NEW Registered Agent and/or NEW Registered (Office address	<u></u>	
				AMII: 10 OF STATE E, FLORID
	20040 SW 132 AUE			OR T
	NEW Registered Office Address:			<u>o</u>
	minni FC 3317	<u>フ</u>		
	·			
	, FL			
If the li	mited liability company is not organized under the laws	s of the Sta	te of Florida it is hereb	v confirmed that after
the cha agent w was/we	nge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liable.	he registere oility compa the limited	ed office and the busines any, it is hereby confirm liability company or as	ss office of the registered ned that the change(s)
			loneTi) (100 (25)
Signat	ure of a member or authorized representative of a member		Printed or typed no	ame of signee
provision the obli to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	te to act in to performance for in Chap ereby confi	this capacity. I further a e of my duties, and I an oter 605, F.S. Or, if this rm that the limited liabi	igree to comply with the Jamiliar with and accept document is being filed lity company has been
Signatur	a of Registered Agent	y~		
ાશાસાયા	re of Registered Agent			

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