116000042365

,	11
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	tus
Special Instructions to Filing Officer:	
] :
Office Use Only	



800301046758

07/10/17--01017--019 *+85.00



D SCOTT SEP 1 9 2017



FLORIDA DEPARTMENT OF STATE | Division of Corporations

August 1, 2017

MARIA PATCH 2ND REQUEST 1101 BRICKELL AVE 8TH FLOOR, S TOWER MIAMI, FL 33131

SUBJECT: S&P INTERNATIONAL REALTY LLC

Ref. Number: L16000042365

We have received your document for S&P INTERNATIONAL REALTY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

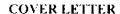
Please return your document along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 317A00014080

www.sunbiz.org



TO: Registration Section Division of Corporations

SUBJECT: S&P Internation | Realty, 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:

MATIA CATOLINA PATCH
Name of Person

S P International Realty, LLC
Firm/Company

6010 NW 99th Ave Ste 105

Address

Total JL 33 178

City/State and Zip Code

MG R MATIOTICAL COM

For further information concerning this matter, please call:

Maria Parch Name of Person

Area Code & D

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS:

hone Number

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

Enclosed is a check for the following amount:

S25 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. Name of the limited liability company: Principal office address of limited liability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 3. filing/registration in Florida 4. on the records of the Florida Dept. of State: Registered Agent and Registered Enter name of NEW Registered Agent and/or NEW Registered Office address: 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) by an affirmative vote of the members of the limited liability company or as otherwise provided in ration of the opprating agreement of the limited liability company. 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

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

Signature of

gistered Agent