

**L16000051658**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 AUG 22 P 3:05

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AUG 24 2016  
PRICE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** REAL ESTATE OF ART 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:

Amalia Tomey

Name of Person

Real Estate Of Art LLC.

Firm/Company

5451 SW 5TH TERRACE

Address

CORAL GABLES, FL 33134

City/State and Zip Code

amaliatomey@yahoo.es

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

For further information concerning this matter, please call:

Amalia Tomey

at ( 786 ) 342 3403

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: REAL ESTATE OF ART LLC.

2. (a) 5451 SW 5TH TERRACE (b) 5451 SW 5TH TERRACE

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

CORAL GABLES, FL 33134

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

CORAL GABLES, FL 33134

3. 03 / 14 / 2016 4. L16000051658  
Date of filing/registration in Florida Document number

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

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

230 SW 51ST AVE

CORAL GABLES, FL 33134

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

**NEW Registered Office Address:**

5451 SW 5TH TERRACE

CORAL GABLES, FL 33134

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.

  
Signature of a member or authorized representative of a member

Amalia Tomey

Printed or typed name of signer

*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.*

  
Signature of Registered Agent

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

**FILED**  
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TALLAHASSEE, FLORIDA