## L16000058203

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cil	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
<u></u>		
Special Instructions to	Filing Officer:	

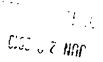
Office Use Only



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## **COVER LETTER**

то:	Registration Section Division of Corporations	•					
SUBJI	STAGE 1 HOUSE BUILDE	RS LLC					
Name of Limited Liability Company							
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Of	ffice Change and fo	e(s) are submitted for filing.				
Please	return all correspondence concerning t	his matter to the fo	llowing:				
CARL	OS R ABREU TOLEDO						
	Name of Person		-				
	Firm/Company		-				
1442	1 SW 45th Terrace						
	Address		-				
Miam	i, FL 33175						
	City/State and Zip Code		-				
ctoled	do84@hotmail.com						
E	-mail address: (to be used for future an	nual report notifica	ation)				
For fur	ther information concerning this matter	r, please call:					
CARL	OS R ABREU TOLEDO	305 at (	458-2838				
	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	Regis Divis P.O.	LING ADDRESS: stration Section tion of Corporations Box 6327 hassee, Florida 32314				
Enclosed is a check for the following amount:							
	■ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy				

INHS18 (2/14)

## LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability consubmits the following statement in order to change its registered office or registered agent, or both, in the St Florida.

1. N	Jame of the limited liability company:	STAGE 1 HC	USE B	UILDERS	LLC			
2. (a)	14421 SW 45th Terrace		(b	14421 S	SW 45th Terrace			
2. (u)	Principal office address of limited li (Note: MUST BE STREET)			, <del></del>	Mailing addr ( <u>Note: M</u>	ess of limite AYBE POS		
	Miami, FL 33175			Miami, F	L 33175	j		
	03/22/2016		_	L1600005				
3.	Date of filing/registration i CARLOS R ABREU TOLEDO		4.		Documer	it number		
5. (a	Registered Agent and Registered Office sho		the Florida	Dept of State	-			
	14421 SW 45th Terrace	, in on the records of			•			
	Registered Office Address (MUST BE )	FLORIDA STREET	ADDRESS	7	-			
	Miami		33175		-			
(b)	NADIA GONZALEZ							
(0,	Enter name of NEW Registered Agent and	l/or NEW Registered	d Office ad	dress:	-			
	14421 SW 45th Terrace					r .	23	
	NEW Registered Office Address:				-		ING EN	pumping 1 1
		<del></del>			-	; ;	_	باد میلو د د میلو
	MIAMI	Fi	<u>33175</u>		_	• *	A	
the chagent was/v	limited liability company is not organ nange or changes are made, the Florid will be identical. Or, in the case of a vere authorized by an affirmative vote ticles of organization by the operating	a street address o Florida limited li of the members	f the regi: iability co of the lim	stered office ompany, it is sited liabilit	e and the b s hereby c v compan	ousiness o onfirmed	ffic of	the regi
	aud .		CA	RLOS R A	ABREU 1	roled (	)	
Sign	nature of a member of authorized representative	e of a member			Printed or	typed name	of signe	2
provi. the of to me	eby accept the appointment as registe sions of all statutes relative to the probligations of my position appregistered rely reflect a chappe in the registered ed in writing of his chappe.	red agent and ag per and complete l agent as provide l office address, l	ree to act e perform ed for in C hereby co	in this cap ance of my Chapter 605 onfirm that	acity. I fu duties, and 5, F.S. Or, the limited	rther agred I am fan , if this do d liability	re to co niliar w cument compa	mply wi. with and o wis being ny has b
Signat	ture of Registered Agent							