## LIGOUUGAQOS

(Re	equestor's Name)	
(Address)		
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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CORETARY OF STATE
ABASSEE, FLORIDA

APR 0 7 2016

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Frame Tech 21C.  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:
MAXIMILIANO FERIA: Name of Person
Frame Tech, LLe Firm/Company
13818 SW 1525t, unit#294 Address
MIAMI FZ 331-).  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MAXIMILIAND FERIA at (305) 479 3130  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 \$\times\$ \$25 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

Florida.	<b>-</b> //
1. Name of the limited liability company:	
2. (a) 13818 S.W. 152 ST Whit # 294 MIAMI #	(b) 138/8 50.152 St Uni F#294 33/3
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of Imited liability company:  (Note: MAY BE POST OFFICE BOX)
13818 8.W. 1525 #294	18318 SW 1525T #254
MIAMI FZ 73/77	MIAM, R 33177
03-29-2016	216000062205
3. Date of filing/registration in Florida	4. Document number
5. (a) MAXIMILIANO FERIA	
Registered Agent and Registered Office shown on the records of the	· 6. ·
(78 10 3 10 10 201 HOINT 0 1)	AMI PC 33/77
Registered Office Address (MUST BE FLORIDA STREET AD)	DRESS)
13818 SW 152 ST Unit #294	TARY ASSE
MIAMI, FL T	2 3318 J 33 M
(h) SAME (MAXIMILIANS	FERIA PROPERTY OF THE PROPERTY
(b) Same (MAXMILIAN Enter name of NEW Registered Agent and/or NEW Registered Of	Green address:
	· · · · · · · · · · · · · · · · · · ·
NEW Registered Office Address:	
13818 SW 152 ST # 284	
MIAMI, FL_	3>197
If the limited liability company is not organized under the laws the change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited liability was/were authorized by an affirmative vote of the members of the the articles of organization or the operating agreement of the limited liability.	e registered office and the business office of the registered lity company, it is hereby confirmed that the change(s) he limited liability company or as otherwise provided in nited liability company.
Simon of State of a manhar	MAXIMILIAND FERIA Printed or typed name of signee
Signature of anthorized representative of a member	••
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe the obligations of my position as registered agent as provided for merely reflect a change in the registered office address, I her notified in writing of this change.	rtormance of my duties, and I am familiar with and accept
Signature of Registered Agents	
Division of Comparations P.O. Roy	* 6227a Tallahassaa El 22214

**FILING FEE: \$25.00**