L 160000 73962

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400325877984

#¥25.00 **★**¥25.00

2019 NAR 18 P 12: 29
SECRETARY OF STATE

KUSINGS T

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations						
Michel Buhler LLC						
Nai	Name of Limited Liability Company					
	fice Change and fee(s) are submitted for filing.					
Please return all correspondence concerning th	is matter to the following:					
Michel Bühler						
Name of Person						
Michel Buhler LLC						
Firm/Company						
815 Malaga Ave						
Address						
Coral Gables, FL 33134						
City/State and Zip Code						
michelbuhler13@gmail.com						
E-mail address: (to be used for future ann	nual report notification)					
for further information concerning this matter,						
Michel Buhler	305 796 4215					
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					

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

a)	815 Malaga Ave	(b)	815 Malag	ja Ave		
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)			
	Coral Gables, FL 33134		Coral Gabl	les, FL 33	134	
	April 14, 2016	 L	160007396	62		
	Date of filing/registration in Florida	— _{4.} –	De	ocument nu	mber	
(0.)	United States Corporation Agents, Inc.					
(a)	Registered Agent and Registered Office shown on the records	of the Florida D	ept, of State:			
	13302 Winding Oak Court, A		•			
	10002 Williamy Oak Court, A					
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)				
	Registered Office Address (MUST BE FLORIDA STREE	7. 33612		SECRI	2019 H	77
b)	Registered Office Address	_{FL} 33612		SESREIA TALLARIASI	2019 HAR I	71
b)	Registered Office Address (MUST BE FLORIDA STREE	_{FL} 33612	PSX:	SECRE IARY U	8	
b)	Registered Office Address	_{FL} 33612	USS:	SCERCIARY OF ST	8	
b)	Registered Office Address (MUST BE FLORIDA STREE) Tampa Enter name of NEW Registered Agent and/or NEW Register	_{FL} 33612	PSN:	SECRUIARY OF STATE	हिस्स इस्ति 8	
b)	Registered Office Address (MUST BE FLORIDA STREE) Tampa Enter name of NEW Registered Agent and/or NEW Register Michel Buhler	_{FL} 33612	YSY:	SECRUIARY OF STATE FAULAHASSEE, FLORIDA	हा हा हा	

the articles of organization or the operating agreement of the limited liability company.

Michel Bühler

Michel A. Bühler

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

Michel Bühler

Signature of Registered Agent