## L16000078818

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

Office Use Only



900373647509

89 3 - 21 -- 01025 -- 007 ++50.00



## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Vargas Ur	iability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered Office Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the	following:
	Carlos J. Vargas Name of Person	
	Firm/Company	
	15326 Sunsit Dr #11-2	23
_	1 radio Coc	
	Tiarni FL 33193	
,	City/State and Zip Code	
	beavaraas (b) me, com -mail address: (to be used for future annual report notif	ication)
For fu	rther information concerning this matter, please call:	
Bo	CATRIZ L. VALGAS at (786)	339-4248  Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amount:	
	\$25 Filing Fee Check# 137 0\$	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 Florida.

1. Na	une of the limited liability company:	argas	Unite	d II UC	
2. (a)	15326 Sunset Dr #11-22	(b)	1595	4 SW 97	TERR
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. ,	_	address of limited liability: MAY BE POST OFF	
	Miami Fl 33193		MIAN	11 FL 331	96
			,		
	4/21/2016		L160	00007881	8
3.	Date of filing/registration in Florida	4.	Docur	ment number	- · ·
5. (a)	Carlos J. Vargas	2			
	Registered Agent and Registered Office shown on the records of	the Florida Dep	ot, of State:		
	Registered Office Address MUST BE FLORIDA STREET 140. So. Dixiettwy # Holly wood F	529	——————————————————————————————————————	SEL TA	2021
(b)	Carlos J. Varga	<del></del> -		TALL MASS	•
	Enter name of NEW Registered Agent and/or NEW Registered	d Office addres	<u>s</u> :	PH 1:07	D
	NEW Registered Office Address: 15324 Sunset Dr	#11	-23		60
	Miami F	L_33/	93		
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered o lability compa of the limited	ffice and the bany, it is hereb liability complity complity	ousiness office of the by confirmed that the pany or as otherwise	registered change(s) provided in
Sgna	ture of a member or authorized representative of a member		Printe	12 L. Vat d or typed name of signe	<u>e</u>
provisi the obl to myr	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide oly reflect a change in the registered office address, I differentiage of this change.	ree to act in t performance ed for in Chap hereby confi	his capacity. e of my duties, oter 605, F.S. rm that the lim	I further agree to co and I am familiar w Or, if this documen aited liability compa	omply with the with and accept it is being filed ny has been
Signatu	re of Registered Agent				