160000	79313
(Requestor's Name) (Address) (Address)	400317960444
(City/State/Zip/Phone #)	03/06/1801012008 **35.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
Office Use Only	Rachang

ı

OCT 0 4 2018 D CUSHING

COVER LETTER

TO: **Registration Section Division of Corporations**

ANACUS TWO LLC Name of Limited Liability Company SUBJECT:

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:

JOSE & MARCAND Name of Person

ANACUS TWO LLC Firm/Company

495 BRICKEL AVE APT 3601

MIAMI, FL 33131 City/State and Zip Code

<u>E-mail address: (to be used for future annual report notification)</u>

For further information concerning this matter, please call:

JOSE 6 MARCAND at (954) 629-3898 Name of Person Area Code & Daytime Telephone Number

p:1 1: 2.3

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

S55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 11, 2018

JOSE G MARCANO ANACUS TWO LLC 495 BRICKELL AVE., APT 3601 MIAMI, FL 33131

SUBJECT: ANACUS TWO LLC Ref. Number: L16000079313

We have received your document for ANACUS TWO LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing Senior Section Administrator

Letter Number: 218A00018890

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.

l. Na	me of the limited liability company: APACUS TWO LLC
	495 Bruckell AJE APT 3601 (b) 495 Bruckell AJE APT 360
	Principal office address of limited liability company: Mailing address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) (<u>Note: MAY BE POST OFFICE BOX</u>)
	MIAMI, FL 33131 MIAMI, FL 33131
	04/22/16 L16000079313
3.	Date of filing/registration in Florida 4. Document number
5. (a)	GENNAN MARCANO Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	10650 W STATE MOAD 84 STE 204 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	DAVIE .FL 39324
(b)	JOSE G. MARCANO
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :
	495 BRICKELLAVE APT 3601
	NEW Registered Office Address:
	M(AM), FL_33131
the cha agent v was/we	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after inge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
	ture of a member or authorized representative of a member Printed or typed name of signee
l here provisi the obl to mero notifie	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed city reflect a hange in the registered office address, I hereby confirm that the limited liability company has been if in writting of this change.

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