

L160000 97694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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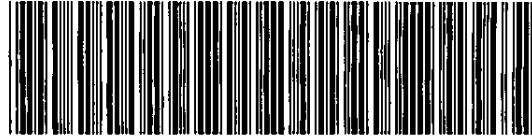
(Business Entity Name)

(Document Number)

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2016 JUL -5 P 4:48
STATE OF FLORIDA
TALLAHASSEE

2016 JUL 6 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SERVITRAVELLER II, LLC

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:

AMAURI FERMIN MARTINEZ

Name of Person

SERVITRAVELLER II, LLC

Firm/Company

5959 COLLINS AVENUE, #1906

Address

MIAMI BEACH, FL. 33140

City/State and Zip Code

amaury1209@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amauri Martinez

Name of Person

at (786) 417-9613

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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. Name of the limited liability company: Servitraveller II, LLC
2. (a) 5959 COLLINS AVENUE
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
#1906 MIAMI BEACH, FL 33140
- (b) SAME AS PRINCIPAL ADDRESS
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
3. 05/18/2016
Date of filing/registration in Florida
4. L16000097694
Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
FERMIN MARTINEZ, AMAVRI
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5959 COLLINS AVENUE #1906
MIAMI BEACH, , FL 33140
- (b) MARTINEZ, AMAURI FERMIN
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Office Address:
SAME AS ABOVE
, FL

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

AMAURI MARTINEZ
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.

[Signature]
Signature of Registered Agent

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