LI6000107427

(Requestor's Name) (Address) (Address)	9003
(City/State/Zip/Phone #)	10/19
(Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	S TALLENT NOV 23 2020
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COVER LETTER

TO:	Registration Section
	Division of Corporations

141 ROSALES PROPERTIES LLC

SUBJECT: _

Name of Limited Liability Company

۶

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:

Leonardo S Zica

Name of Person

EcoNew/EmoTrans

Firm/Company

10.800 NW, 106th St, Suite 1

Address

Miami, FL 33178

City/State and Zip Code

accounting@cconew.net

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

For further information concerning this matter, please call:

Name of PersonArea Code & Daytime Telephone NumberMailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314Street Address: Registration Section Division of Corporations Tallahassee, FL 32303	Tatiana Araujo	305 5230005 xt 702 at ()	
Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810	Name of Person	Área Code & Daytime Tel	lephone Number
Division of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810	Mailing Address:	Street Address:	
P.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810	Registration Section	Registration Section	
Tallahassee, FL 323142415 N. Monroe Street, Suite 810	Division of Corporations	Division of Corporation	IS
	P.O. Box 6327	The Centre of Tallahass	see
Tallahassee, FL 32303	Tallahassee, FL 32314	2415 N. Monroe Street,	, Suite 810
		Tallahassee, FL 32303	

Enclosed is a check for the following amount:

\$25 Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH F LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability comsubmits the following statement in order to change its registered office or registered agent, or both, in the State of Flo

1. Na	me of the limited liability company:	PROPER	RTI	ES LLC	
2. (a)			(b))	
()	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)		,	Mailing address of limited (Note: MAY BE POST	liability company:
	10,800 NW, 106th St, Suite 1			10,800 NW, 106th St, Suite 1	
	Miami, FL 33178			Miami, FL 33178	···
	06/02/2016		i	L16000107427	
3.	Date of filing/registration in Florida	4.	_	Document number	
5. (a)	M.J.F. REGISTERED AGENT CORP.				
5. (a)	Registered Agent and Registered Office shown on the records of	the Flor	ida I	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET 153 SEVILLA AVENUE	ADDRE	<u>:SS)</u>	<u></u>	
	CORAL GABLES, FI	L			
(b)	LEONARDO S ZICA Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office :	add	Iress:	2020CT 19
	<u>NEW</u> Registered Office Address: 10,800 NW, 106TH ST, SUITE 1				P
					≥: 2
	MIAMI , FI	L 33178			0
change agent w was/we the arti- Signat J herek to mere notified	mited liability company is not organized under the lator changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the ure of a member or authorized representative of a member of the appointment as registered agent and agroups of all statutes relative to the proper and complete ignions of my position as registered agent as provide by reflect a change in the registered office address, I for writing of this change.	e registe ability (of the li limited Li 	ered con imit 1 lia EON	d office and the business office o npany, it is hereby confirmed tha ited liability company or as other ability company. NARDO S ZICA Printed or typed name of in this capacity. I further agree to	of the registered at the change(s) wise provided signee to comply with
	Division of Corporations● P.O. FILING F				