Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 : (855)498-5500 Phone

Fax Number

: (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## LLC REGISTERED AGENT CHANGE MYTZA RESIDENCE, LLC

Certificate of Status	0
Certified Copy	0
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	OVER LETTER		
TO: Registration Section Division of Corporations			
SUBJECT: MYTZA RESIDENCE, LLC			
Name of I	imited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filling.		
Please return all correspondence concerning this mat	ter to the following:		
•		. ن <del>د</del> .	2819
Vidacy Cisneros		~ (n) 2# == (iii)	
Name of Person		9=31 ∞34	JUN 1
MYTZA RESIDENCE, LLC		<u>र</u> इ. स्ट	孟
Firm/Company		9F	7 :01 HV
201 N. Main Dr., Suite 200		CSEN	_
Address			
El Paso, Texas 79901			
City/State and Zip Code	<del>                                     </del>		
Vidacy Cisneros - vcisneros@appiemex.com	n/cc to Juan:H. Gil II - jgil@juangil-	-law.c	on and
E-mail address: (to be used for future annual rep	port notification) Raul Prieto - rprieto@cp	ла-вр.	com
For further information concerning this matter, please	cail:		
Vidacy Claneros at (	915 <b>532-2901</b>		
Name of Person	Area Code & Daytime Telephone Number	ŕ	
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following amou	nt:		
□ \$25 Filing Fee	S55 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. N	ame of the limited liability company: Wir L	M KESIDENCE, LLC	•		
2. (a)	MYTZA RESIDENCE, LLC	(b) MYT	(b) MYTZA RESIDENCE, LLC		
	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	peny:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	15701 Collins Ave., Unit 2101	2011	N. Main Dr., Suite 500		
	Sunny Isles Beach, Florida 33160	El Pa	aso, Texas 79901		
	June 21, 2016	L1600	00116528		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Capitol Corporate Services, Inc.				
5. (a)	Registered Agent and Registered Office shows on the re	pords of the Plorida Dept. of	State:		
	Registered Office Address MUST BE FLORIDA S	TREET ADDRESS)			
	515 E. Park Ave., Floor 2				
	Tallahasse	, <sub>FL</sub> 32301			
(b)	Capitol Corporate Services, Inc.				
,-,	Enter name of NEW Restatored Agent and/or NEW Re	nistered Office address:	ا <b>بر</b> الم		
	NEW Registered Office Address:				
	515 E. Park Ave., Floor 2		0: <b>1</b>		
	0.00 2.1 4.7.700, 7.000 2	<u> </u>			
	Tallahasse	, <sub>FL</sub> 32301			
he cha gent v vas/vy	imited liability company is not organized under inge or changes are made, the Florida street add vill be identical. Or, in the case of a Florida lin are authorized by an affirmative vote of the men cles of organization or the operating agreement	ress of the registered of nited liability company, mbers of the limited liab t of the limited liability of	Tice and the business office of the registere it is hereby confirmed that the change(s) willty company or as otherwise provided in company.		
Signe	ure of disember or authorized representative of a member	<del></del>	Il II, Authorized Signatory Printed or typed dame of signed		
i here rovisi he obl o men otified	by accept the appointment as registered agent of one of all statutes relative to the proper and co igations of my postition as registered agent as pily reflect a change in the registered office add in writing of this change.	and agree to act in this of implete performance of r wovided for in Chapter ress, I hereby confirm th	apacity. I further agree to comply with the		
Signatur	Nam Tedlock, Asst. Sec. on behalf of Capitol Cor	porate Services, Inc.			

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