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COVER LETTER

Division of Corporations	
New Miami Habitat, LLC.	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
•	
Fernando Colmenares	
Name of Person	
New Miami Habitat, LLC.	SE SE
Firm/Company	CREATE FI
12165 NW 2 Ave.	SSE 12
Address	
North Miami, FL 33168	PM 2: 51 OF STATE E, FLORIDE
City/State and Zip Code	
lpvacations@gmail.com	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please c	all:
Fernando Colmenares 7	86 3339247
Name of Person	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

INHS18 (2/14)

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.

	Mailing address (Note: MAY)	North Miami FL 33168 of limited liability company: BE POST OFFICE BOX) umber
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the registered bility company the limited lia imited liability	office and the bus y, it is hereby cont ability company o y company.	iness office of the registered firmed that the change(s)
Nelson F		ad name of cianes
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