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COVER LETTER

Division of Corporations						
SUBJECT: Change 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:						
Halley Peters Name of Person Halley J Peters PLLC Firm/Company						
1330 West ave # 1001						
Miami Brach FL 33139 City/State and Zip Code						
halley i @ halley i (dm E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Halley Ittel at (517) 449 6544 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 \$\simeg\$ \$55 Filing Fee & Certified Copy						
INHS18 (2/14)						

10/23/48 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

r torida.		0.1 - 20 1	0	
Name of the limited liability company:	Halley J	reters 1	<u> </u>	
2. (a) 1330 West ave,	<u> </u>) 330 V	vest the	
Principal office address of limited liability (Note: MUST BE STREET ADD.	• •	_	dress of limited liabili MAY BE POST OFFI	
apt 3306		apt 3	30Le_	
Miami Beach, FL	33139	Miami	Beach.	FL3313
6/27/2016		L 16000	12270	, _
Date of filing/registration in Flo	orida 4.	Docume	ent number	
5. (a) Halleys Peter)				
Registered Agendand Registered Office shown o	n the records of the Florid	a Dept. of State;		
Registered Office Address (MUST BE FLOR	RIDA STREET ADDRES	<u> </u>		
apt 3306			· 🛱	
miumi Reach	ろ ?	3139	· 9	
Hallan T Pater	 ≺		1 28	Г
(b) Enter name of NEW Registered Agent and/or N	SEW Registered Office at	Idress:	≩	E
-		- <u></u> -	÷. %	
1330 West av	<u> </u>		: · · · · · · · · · · · · · · · · · · ·	
NEW Registered Office Address:			·	
Miami Beach	33	3139		
If the limited liability company is not organized the change or changes are made, the Florida stragent will be identical. Or, in the case of a Florwas/were authorized by an affirmative vote of the articles of organization or the operating agrees. Signature of a member of althorized representative of a	eet address of the regirida limited liability che members of the line eement of the limited	istered office and the ompany, it is hereby nited liability compa liability company.	business office o confirmed that the	f the registered e change(s) e provided in
I hereby accept the appointment as registered or oversions of all statutes relative to the proper the obligations of my position as registered age to merely reflect a change in the registered officially inwriting of this change.	agent and agree to ac and complete perforn int as provided for in ce address, I hereby c	t in this capacity. I junce of my duties, a Chapter 605, F.S. Confirm that the limit	further agree to co nd I am familiar w Ir, if this documen ed liability compa	omply with the vith and accept t is being filed ny has been