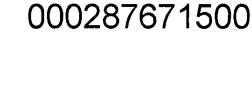
LIL 000 123418

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



07/11/16--01032--001 **25.00

CANALS SOL

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Nicole Abreu LLC Name of Limited	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change a	nd fee(s) are submitted for filing.
Please return all correspondence concerning this matter to t	he following:
Nicole Abreu Name of Person	
The Tax Pros Firm/Company	
1779 N. CONGress Ave	•
Boynton Beach, Fl. 3348 City/State and Zip Code	<u>6</u>
Pabrett 24 @ me. Com E-mail address: (to be used for future annual report no	otification)
For further information concerning this matter, please call:	$\frac{n}{2}$
Nicole Abreu at (81 Name of Person	3) 732-8367 SArca Code & Daytime Telephone Number
Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a cheek for the following amount.	

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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: Nicole Hores	1, LLC
2. (a) (b)	/
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
1779 N. CODAYESS AVP. 17	179 N. CODOVESS AV
Bointon Reach KI 32426 Br	Junton Preach, El 334
Lagrici Gaci, 1 1 STER DE	JIM 119 COC. 1/1 / 32 /
6/20/70/10	10000173418
3. Date of filing/registration in Florida 4.	Document number
5. (a) Nicole Abreu	
Registered Agent and Registered Office shown on the records of the Florida Dept. of S	State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
1119 N. CONGVESS AVE.	1
bounton beach 1, FL 3342	
The Tay Pros	
(b)	
	· <u>·</u>
NEW Registered Office Address:	12
1 101 D. COLLYPS TIVE.	
Bounton Beach 51 3342	2-6
York Marked Marked Market and American Company	
If the limited liability company is not organized under the laws of the State of the change or changes are made, the Florida street address of the registered of	fice and the business office of the registered
agent will be identical. Or, in the case of a Florida limited liability company, was/were authorized by an affirmative vote of the members of the limited liab	
the articles of organization or the operating agreement of the limited liability of	company.
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this c	capacity. I further agree to comply with the
provisions of all statutes relative to the proper and complete performance of the obligations of my position as registered agent as provided for in Chapter to merely reflect a change in the registered office address. I hereby confirm the	ny duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed
to merely reflect a change in the registered office address, I hereby confirm the notified in writing of this change.	ш те итива набину сотрану паѕ вееп

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