

(Requestor's Name)					
(Address)					
(Address)					
. (City/State/Zip/Phone #)					
. PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of	Status			
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S. WARREN SEP 0 1 2017

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: Miami Mold LLC			
	Nai	ne of Limit	ed Lia	bility Company
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered Of	fice Change	and f	ee(s) are submitted for filing.
Please	return all correspondence concerning th	nis matter to	the fo	ollowing:
Aigay	vel Klein			
	Name of Person			_
Miam	ni Mold LLC			
	Firm/Company			-
1240	11th Street, Unit 8			
	Address			_
Miam	ii Beach, FL 33139			
•	City/State and Zip Code			-
	imoldspecialist@gmail.com			
E	E-mail address: (to be used for future and	nual report	notitīc	ation)
For fu	rther information concerning this matter	, please call	l:	
Aviga	yel Klein	786 at (i	325-7307
	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		Regi Divi: P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 nhassee, Florida 32314
	Enclosed is a check for the following	g amount:		
	□ \$25 Filing Fee	•	a \$ 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.

l. N	lame of the limited liability company: Miami Mold L	-LC			
2. (a)					
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	1240 11th Street, Unit 8	1240	11th Street, Unit 8		
	Miami Beach, FL 33139	Miami	Beach, FL 33139		
	07/25/2016	L16000	0139588		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)				
<i>5.</i> (Registered Agent and Registered Office shown on the records of	the Florida Dept. of S	State:		
	Avigayel Klein		조왕 🕇 🗆 🗆		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	AUG 31 CAHASS				
	Miami Beach	33139			
			PH 2: 36 OF STATE EE, FLORIDA		
(b)			2: 36 STATE FLORIDA		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	≯		
	Avigayel Klein				
	NEW Registered Office Address:		_		
	1240 11th Street, Unit 8				
	Miami Beach	33139			
					
	limited liability company is not organized under the la ange or changes are made, the Florida street address of				
agent	will be identical. Or, in the case of a Florida limited li	iability company.	it is hereby confirmed that the change(s)		
	vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the				
	Musamolla	•	• •		
Sign	atury of a member of authorized representative of a member	<u> </u>	Printed or typed name of signee		
provis the ob to mei	Pby accept the appointment as registered agent and ag itions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. I alln writing of this change.	roo to not in this o	apacity. I further agree to comply with the		
Signer	ure of Registered Agent				

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