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(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Dusiness Fatity Name)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: 820 NW 3RD, LLC					
Name 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:					
TERRA SMITH  Name of Person					
Firm/Company					
268 NW 11th ST.					
Address					
BOCA PATUN FL 33432					
City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Terra Smith at (561) 542 3735  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					
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.

1.	Na	ame of the limited liability company:	NW	3RD LLC	
2.	(a)	268 NW 11TH ST.	_ (b) _	268 NU	) 11+6 ST.
_,	(") .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (9/_	Mailing address of lin	nited liability company:
		BOCA RATON PL 3343	5	BOCA RATE	•
		DUCH RITUN PL 3390	<u>'</u>	BUCH PATE	JIU, PC 3345.
		08/26/2016		_16000160	737
3.		Date of filing/registration in Florida	4.	Document numb	er
5.	(a)				
		Registered Agent and Registered Office shown on the records of th	,	pt. of State:	
		333 SE MIZNER BU		<del> </del>	
		Registered Office Address MUST BE FLORIDA STREET A	DDRESS)		
					m.".
		BOCA RATON,FL	33	432	2018
					HAR -6
	(b)				70
		Enter name of NEW Registered Agent and/or NEW Registered C	Milce addres	<b>4</b> :	
		· 268 NW 11TH ST.			PH12: 25
		NEW Registered Office Address:	<u> </u>	<del></del>	9. C. C.
		BOCA RATON			\$1 O
				<del></del>	
		BOCA RATON FL	<u>334</u>	<del>1</del> 32_	
Ifr	he li	imited liability company is not organized under the laws	s of the Sta	te of Florida it is hereby	confirmed that after
the	cha	ange or changes are made, the Florida street address of t	he register	ed office and the business	office of the registered
wa	s/we	vill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of	the limited	I liability company or as o	ed that the change(s) otherwise provided in
the	artic	icles of arganization or the operating agreement of the l			->
4	لِيلِ	ture of a member or authorized representative of a member	MIA:	SSI MILIANO D	DEBIASE
1 h	areh	hy accent the annointment as registered agent and agre	e to act in	this canacity. I further as	aree to comply with the
pro the	visio obli mere	ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided expellect a change in the registered office address, I had dinverting of this change.	erformanc for in Cha ereby confi	e of my duties, and I am f pter 605, F.S. Or, if this rm that the limited liabili	amiliar with and accept document is being filed ty company has been
क्र	natur	re of Registered Agent			