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PICK-UP	☐ WAIT	MAIL		
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Special Instructions to Filing Officer:				
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COVER LETTER

TO: Registration Section Division of Corporations							
Pena, Garcia & Diz PLEC SUBJECT:							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.						
Please return all correspondence concerning the	his matter to the following:						
Fernando Garcia							
Name of Person							
Pena, Garcia & Diz PLLC							
Firm/Company							
2655 South LeJeune Road, Suite 1011							
Address							
Coral Gables, FL 33134							
City/State and Zip Code							
Fgarcia@pgdlegal.com							
E-mail address: (to be used for future an	nual report notification)						
For further information concerning this matter	r, please call:						
Fernando Garcia	786 361-4909 at ()						
Name of Person	Area Code & Daytime Telephone Number						
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Enclosed is a check for the following	g amount:						
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy						

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.

I. Na	time of the limited liability company: Pena, Garcia & Diz	PLLC	;	
2. (a)	2655 South LeJeune Road		(b) 2655 Sout	h LeJeune Road
- . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 1011		Suite 1011	
	Coral Gables, FL 33134	_	Coral Gabl	les. FL 33134
	10/13/2016		L16000189-	467
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Fernando Garcia			78.
J. (4)	Registered Agent and Registered Office shown on the records of the Pena, Garcia & Diz PLLC	e Flori	ida Dept. of Stat	OF THE PROPERTY OF THE PROPERT
	Registered Office Address (MUST BE FLORIDA STREET AL 2600 Dougla Road, Suite 902	DDRE	<u>SS)</u>	7020 JAN -2 PM 6: L-3
	Coral Gables FL 3	3134		
(b)	Fernando Garcia Enter name of NEW Registered Agent and/or NEW Registered C Pena, Garcia & Diz PLLC	Office :	address;	_
	NEW Registered Office Address:			_
	2655 South LeJeune Road, Suite 1011			_
	Coral Gables , FL 3	3134		_
change agent v was/we the arti Signo I herep provesi the obl	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabered a member of authorized representative of a member by accept the appointment as registered agent and agreed ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. The lin writing of this change.	egiste ility of the li mitec	ered office and company, it is in the distributed liability con	d the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in appany. Printed or typed name of signee are in a complement that the change of the register. I forther care to complement the

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

Signature of Registered Agent