

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L16000294242784**

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : G. FRANK QUESADA, ESQ  
Account Number : I20050000158  
Phone : (305) 446-2517  
Fax Number : (305) 446-7521

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: g.f.z. @ quesada.law.net

RECEIVED  
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TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE  
INVERSIONES AYB LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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DIVISION OF CORPORATIONS

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Inversiones AYB LLC, a Florida limited liability company  
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:

Juan C. Valdes, Esquire

Name of Person

Quesada Law

Firm/Company

1313 Ponce de Leon Boulevard, Suite 200

Address

Coral Gables, Florida 33134

City/State and Zip Code

jcv@quesadalaw.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan C. Valdes, Esquire

at ( 305 )

446-2517

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

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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## 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: Inversiones AYB LLC, a Florida limited liability company

2. (a) 253 NE 2 Street (b) 253 NE 2 Street

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Miami, Florida 33132

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Miami, Florida 33132

3. October 19, 2016 4. L16000192784

Date of filing/registration in Florida

Document number

5. (a) Calderon, Ana B, Sr,  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

253 NE 2 Street

Miami

FL 33132

(b) Juan C. Valdes, Esquire

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1313 Ponce de Leon Boulevard, Suite 200

NEW Registered Office Address:

Coral Gables

FL 33134

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Ana B. Calderon  
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 capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

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

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