## L16000208695

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

Office Use Only



000316652680

08/13/18--01003--003 ++25.00

18 AUS 10

1.0

'AUG 1 6 2018

S. PRATHEF

## COVER LETTER

Division of Corporations		
MINT HOLDINGS, LLC		
SUBJECT: Name	of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filling.	
Please return all correspondence concerning this	matter to the following.	
Paul K. Silverberg		
Name of Person	<u> </u>	
Silverberg & Weiss, P.A.		
Firm/Company		
1290 Weston Road, Suite 218		
Address		
Weston, Florida 33326		
City/State and Zip Code		
annualreports@pkslegal.com		
E-mail address: (to be used for future annua	I report notification)	
For further information concerning this matter, pl	case call:	
Paul K. Silverberg	954 3840998 at ()	
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 an	nount:	
S25 Filing Fee	☐ \$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 005.0114 or 065.0116, 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. Ni	ame of the limited liability company: MINT HOL	DINGS, LLC	<u>,</u>
,	Principal office address of immed liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company: (Nate: MAY BE POST OFFICE BOX)
	429 Lenox Ave. Ste. 561	429	9 Lenox Ave., Ste. 561
	Miami Beach, FL 33139	Mia	ami Beach, FL 33139
	11/15/2016	L160	000208695
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
\ /	Registered Agent and Registered Office shown on the records Terminello, Louis J. Esq.	s of the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRESS:	
	600 Brickell Ave., Brickell World Plaza, S	te. 3600	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Miami	FL_33131	
(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office address:	
	The same of the sa		
	Silverberg & Weiss, P.A.		
	NEW Registered Office Address.		. 5
	1290 Weston Road, Suite 218		<del></del>
	Weston	FL 33326	
the cha agent w	mited liability company is not organized under the nge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of	laws of the States of the registered liability compars of the limited it the limited liability liability.	of Florida, it is hereby confirmed that after i office and the business office of the registered by, it is hereby confirmed that the change(s) inbifity commany or as otherwise provided in
Signat	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obli to merc notified	by accept the appointment as registered agent and one of all statutes relative to the proper and compi- gations of my position at registered agent as prov- ily reflected shange in the registered office address it in writing of this charge.	ayree 10 act in the ele performance idea for in Chapt , I hareby confirt	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed in that the limited liability company has been
	Division of Corporations • P.C	). Box 6327• Ta i FEE: \$25.00	Habassee, FL 32314

INHS18 (2/14)