## Meccoziousy

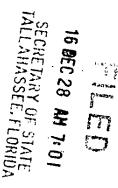
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



000293485130

12/28/16--01013--005 \*\*25.00



## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: VSS CALLE OCHO 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:							
Devinia A Maximin Name of Person							
VSS CALLE OCHO LLC Firm/Company							
POBOX #260806  Address							
Miami, PC 33135 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Devinia A Maximin at (305) 851 - 1761  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:							
<b>1</b> \$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	time of the limited liability company: $\sqrt{55}$	ALLE C	CHO L	<u>LC</u>	
2. (a)		(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			of limited liability compa	-
	1774 SW 8 St	$\underline{\gamma}$	BOX #	260806	
	MIAMI, FC 33/35	_ N	11 am,	FL 33126	, <u> </u>
	11/16/2012	L1	600021	0434	
3.	Date of filing/registration in Florida	4.	Document nu		
5. (a)	NATALIA SALAZAR QUINT Registered Agent and Registered Office shown on the records of the	Fero	tate:		
	1774 SW & St MIam, A	•			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	<u> </u>		
	FL		- <del>-</del>	SE TAL	
	7		<del></del>	CRE CAH	, Michael
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Min oddrose:		AS.	-
	and hance of the weeker weeker and of the weeker et al.	Zince address.		RYO	September 24
				🕿 لسامد	
	NEW Registered Office Address:	- · · · · · · · · · · · · · · · · · · ·		7:0 SIAI LORII	
	1774 Sw & St			40 3.	
	Miami, FL	3313	.5		
the cha	mited liability company is not organized under the laws	he registered off	ice and the busin	ness office of the rea	gistered
was/we	vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of	the limited liabi	lity company or a	rmed that the chang as otherwise provid	ge(s) led in
the arti	cles of organization or the operating agreement of the li		1 20 1	O late à	<b>3</b>
Signat	ure of a member or authorized representative of a member	<u>Nortalia</u>	Printed or typed	name of signee	
I heret provision the obli	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he I in writing of this phange!	a to act in this a	maaitu I faatka	u acros to commissi	sidle dle a
to mere notified	ly reflect a change in the registered office address, I he I in writing of this phange!	ereby confirm the	at the limited lia	bility company has	been
<u> </u>		DEVINI	A A/Ar	NA MAXI	שומן
១នៃពេញ	e of Registered Agent		1		