## 1160002231del

(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:						





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据 PEC ~ 2 / El 8: 49

DEC 1 1 2017
Y SULKER

## COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	Jupiter Brickell LLC						
	Name of Limited Liability Company						
Dear S	ir or Madam:						
The er	nclosed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning thi	s matter to the	following:				
Anto	nio Nagen						
	Name of Person	,	_				
Aloil	Ltd						
• •	Firm/Company		_				
1711	0 Royal Palm Blvd, suite 4						
	Address		<del>_</del>				
Wes	ton, Florida 33326						
	City/State and Zip Code						
luisp	once@aloilmillennium.com						
E-mail address: (to be used for future annual report notification)							
For fu	rther information concerning this matter,	please call:					
Luis	Ponce	954 at (	8182582				
	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	Re Di P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Hahassee, Florida 32314				
	Enclosed is a check for the following	iclosed is a check for the following amount:					
	☑ \$25 Filing Fee	S55 Filing Fee & Certified Copy					
INHS	18 (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. N	ame of the limited liability company: Jupiter Bric	kell LLC					
2. (a)		ſ	b)				
(·-)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		»	Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	17110 Royal Palm Blvd, Suite 4						
	Weston, Fl 33326						
	12/07/2016		L1600022	23661			
3.	Date of filing/registration in Florida	4.	<del></del>	Document number			
5. (a	Corporate Creations Network, Inc						
J. ("	Registered Agent and Registered Office shown on the records	of the Flori	la Dept. of State	::			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							
11380 Prosperity Farms Road, #221E							
	Palm Beach Gardens	FL 33410					
		FL_					
(b)	Antonio Nagen			7 OFC			
(0)	Enter name of NEW Registered Agent and/or NEW Register	red Office a	ddress:	C .			
				Ç•			
	NEW Registered Office Address:			æ			
	17110 Royal Palm Blvd, Suite 4						
	Weston	<sub>FL</sub> 33320	ŝ				
the ch agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited tere authorized by an affirmative vote of the member ticles of organization or the operating agreement of the operating agreemen	of the reg I liability or rs of the li the limited	istered office company, it is mited liability	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in ipany.			
Sign	ature of a member or authorized representative of a member		<u>-</u> <u>-</u>	Printed or typed name of signee			
nonyi	eby accept the appointment as registered agent and a sions of all statutes delative to the proper and complo digations of my position as registered agent as provi rely reflect a change in the registered office address, ed in writing of this change	agree to a ete perfori ided for in , I hereby	ct in this cape nance of my c Chapter 605 confirm that i	acity. I further agree to comply with the duties, and I am familiar with and accep, , F.S. Or, if this document is being filed the limited liability company has been			
- 6	<del></del>	` n	sm res es s	51. 2224.			
/   Diffision of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00							