## 1/600227246

(Requestor's Name)					
(Add	dress)				
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(City	y/State/Zip/Phone	e #)			
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## COVER LETTER

Division of C					
SUBJECT:	22300	Su A	e LLC		•
			ed Liability Comp	oany	2
Dear Sir or Madam:	•			Mg. De	*
			•	. "	•
The enclosed Register	red Agent/Register	ed Office Change	and fee(s) are sul	bmitted for fi	ling.
Please return all corre	spondence concerr	ing this matter to	the following:		
lose	Ph Bron	own Ji	<u>^.</u>		
<del></del>	Firm/Company	<del>.</del>			
_ <i>2</i> 2300	SW 117 Address	th Ave	April 3		
Miam	FL City/State and Zip C	33170 Code			
2230 E-mail address:	00 SW 11"	7 Ave LL ire annual report	C @ G ! notification)	Mail.c	.om
For further information	on concerning this r	natter, please call	:		
Joseph	Browv e of Person	1 at ( 3	05) 79	6-120	25
Name	of Person		Area Code	& Daytime 7	Telephone Number
STDEET/CC	OURIER ADDRES	···	MAILING AD	nrfss.	
Registration S		,	Registration Sec		
Division of C			Division of Cor		ř
Clifton Build:			P.O. Box 6327		
	ve Center Circle		Tallahassee, Flo	orida 32314	
Tallahassec, I			•		
Enclosed is a	check for the foll	owing amount:			
\$25 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 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.

. 10,100	•			A		
1. Na	me of the limited liability company:	<i>2</i> 23 <i>0</i> 0	5W	Ave	LLC	
2. (a)	Joseph Brown	Jr (b)_	Emme	anue/	Stimp	hil
(, -	Principal office address of limited liability co	mpany:	Mailir	ig address of lii	nited liability co	
	(Note: MUST BE STREET ADDRES			ne: MAY BE I	POST OFFICE	<u>80x</u> )
	22300 SW 11	7th Ave A	37.5	PUE	10X 7_L	d 107
	Miami, Fl 33170			Miam	i,FL	3319
	12/16/2016		L160	0022	7246	
3.	Date of filing/registration in Florid			ument numb		
5. (a)	Merrill, Keith 1	FSQ				
J. (a)	Registered Agent and Registered Office shown on the		ept. of State:		•	
	7901 SW 67th AVE	205-2	106	٠,	N3	
		STREET ADDRESS)			ALL ALL	
					至	1 · · ·
	Miami	, FL33/.	43		16 ASSI	
	1	A		,	mo: 3	
(b) .	Enter name of NEW Registered Agent and/or NEW		EE.		15 %	- Charles
					SE ZO	3
	22300 SW 1	17th Ave	Apt.3	·		
	NEW Registered Office Address:		•			
	Miami, F/ 3	3170				•
	44					
	Miami	, f.l <i>33</i> /	7 <u>0                                    </u>		•	
If the li	mited liability company is not organized un	der the laws of the St	ate of Florida	, it is hereby	confirmed th	at after
the char	nge or changes are made, the Florida street a ill be identical. Or, in the case of a Florida	address of the register	red office and	the business	s office of the	registered
was/we	re authorized by an affirmative vote of the n	nembers of the limite	d liability cor	nnany or as	otherwise pro	vided in
une aru	to of organization or the operating agreem	ent of the fillined had	m an ue	15+	imphi/	
Signati	ure of a member or authorized representative of a men	nber	Prin	ted or typed na	me of signee	
I hereb provision the obli	y accept the appointment as registered ager ons of all statutes relative to the proper and gations of my position as registered agent a ly reflect a change in the registered office a	nt and agree to act in complete performand s provided for in Cha	this capacity se of my dutie upter 605, F.S	. I further a s, and I am j . Or, if this	gree to compl amiliar with document is !	ly with the and accept being filed
to mere not <del>ified</del>	ly reflect a change in the registered office a in writing of this change.	aaress, I hereby conf	irm that the l	ımıted liabili	ty company h	as been
Signatur	e of Registered Agent					