## L17000015419

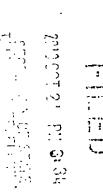
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special Instructions to Filing Officer:				

Office Use Only



700335470127

10 717.9 - 01613--013 | \*\*25.06



Y SHIKER NOV 0 7 ZC:0

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
CUDI	PROPERTIES AT HAND LLC	••			
SUB	Name	of Limited Liability Company			
Dear	Sir or Madam:				
The e	nclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.			
Please	e return all correspondence concerning this	matter to the following:			
GUE	ERRERO, ELDY GUSTAVO				
	Name of Person				
PRO	PERTIES AT AHND LLC				
	Firm/Company	<del></del>			
1190	00 Biscayne Blvd, Suite 260				
	Address	<del></del>			
Mian	ni, FL 33181-2756				
	City/State and Zip Code				
prop	ertiesathand.llc@gmail.com				
	E-mail address: (to be used for future annua	l report notification)			
For fu	urther information concerning this matter, pl	ease call:			
GUE	RRERO, ELDY GUSTAVO	305 9240911			
-	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			
INHSI	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: PROPERTIE	ES AT HAND LLO	
2. (a)	11900 Biscayne Blvd. Suite 260	(b) 11900	Biscayne Blvd. Suite 260
۵. (۵)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami, FL 33181-2756	Miami,	FL 33181-2756
3. 5. (a) (b)	Date of filing/registration in Florida 01/20/2017	4.	Document number
	Registered Agent and Registered Office shown on the records of GORKA, GEORGE C/O ROUSSEAU GRO	•	ate:
	Registered Office Address (MUST BE FLORIDA STREET) 4737 North Ocean Drive, # 306	<u>(ADDRESS)</u>	77.00
	Fort Lauderdale , F	33308	
	GUERRERO, ELDY GUSTAVO  Enter name of NEW Registered Agent and/or NEW Registere	ed Office address	3.10
	PROPERTIES AT HAND LLC		
	NEW Registered Office Address: 11900 Biscayne Blvd. Suite 260		
	Miami , F	<sub>L</sub> 33181-2756	
signa  I here provisit the open	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles an organization or the operating agreement of the difference of a member of all statutes relative to the proper and completing of all statutes relative to the proper and completing of my position as registered agent as provided of the proper of the proper of the provided of the proper of the provided of the provided of the proper and completing of this change in the registered office address, if	of the registered offiliability company, it of the limited liability company. Eldy Gustav	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.  O Guerrero  Printed or typed name of signee
	nc of Registered Agent		

. **.** .