L170000 37012

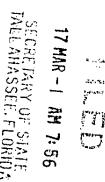
(Red	questor's Name)	
(Add	Iress)	
(Add	dress)	
(City	//State/Zip/Phone	÷#)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



000296047250

03/01/17--01015--012 **25.00



COVER LETTER

Division of Corporations
SUBJECT: Condor Real Estate 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:
Maria L. Varaas. Name of Person
Condor Real Estate U.C. Firm/Company
3900 NW 79+h ave suite 741 Address
DOTAL F. 33166 City/State and Zip Code
Marialvi Savaraa Savalo @ amail. (om E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Oustavo 61 at (786) 531 - 7488 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

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	me of the limited liability company: Condor Real Estate LLC
2. ((a) '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Doral F1 33166
		Dac. No. L17000033012 2 10 2017 EIN 81-5365732
3.		Date of filing/registration in Florida 4. Document number
	(b) <u>.</u>	Maria L Vargas Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 3900 NW 79 th are Suik 741 Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Doral F1, 33166 FL Gustano A. Gil Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address:
the age was	char nt w /we:	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after age or changes are made, the Florida street address of the registered office and the business office of the registered ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in alles of organization or the operating agreement of the limited liability company.
Si	gnan	me of a member or authorized representative of a member Printed or typed name of signee
prot the to n noti	visio obli iere fied	y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ms of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.