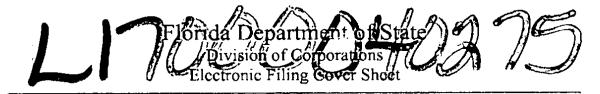
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Division of Corporations

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From:

11

Account Name : GEOFFREY M. WAYNE, P.A.

Account Number : 076770003401 Phone : (305)381-8108 Fax Number : (305)381-8109

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: GN@ATTORNEYMIAMI.COM

LLC REGISTERED AGENT CHANGE VELARDE, LLC

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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: VELARDE, LL	.C			
)		· · · · · · · · · · · · · · · · · · ·
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*	/	Mailing address of Ilmited liability compa	iny:
	1106 PLACETAS AVENUE		1106 PI	ACETAS AVENUE	
	CORAL GABLES, FL 33148	-	CORAL	GABLES, FL 33146	
	2/20/2017		L170000	40275	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
	Registered Agent and Registered Office shown on the records of the LISSETTE B. ORTIZ P.A.	he Florida	Dept. of Stat	_ c :	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	 }	-	
	1430 S DIXIE HWY, SUITE 321			014	ì
	CORAL GABLES , FL	33146		DIVISION OF CORPORATION	- T
				Of C	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ires:	- Com. :	
		<u> </u>		Ç.	AH ID: 10
	GEOFFREY M. WAYNE				 - <u>-</u>
	NEW Registered Office Address:			- 7	0
	135 SAN LORENZO AVE., PH 840				
	CORALIGABLES .FL	33146	Ο. 	-	
the cha agent w was/ye the acti	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization of the operating agreement of the law of a member of a diember of all statutes relative to the proper and complete properties of a change in the registered agent as provided by reflect a change in the registered office address, I had in weiting a late change in the registered office address, I had in weiting a late change in the registered office address, I had in weiting a late change in the registered office address.	s of the the regis bility co the limited limit	State of Flottered office mpany, it is ited liability con OFFREY	e and the business office of the regs hereby confirmed that the chang y company or as otherwise provid apany. M. WAYNE, AUTHORIZED Printed or typed name of signee	gistered c(s) ed in REP.
Les	Hey h. Wayne	érehy co	infirm that	the limited liability company has	heen
Signatur	of Acgustered Agens				
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314					

FILING FEE: \$25.00

INHS18 (2/14)