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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/F	Phone #)					
PICK-UP WAI	T MAIL					
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COVER LETTER

TO:	Registration Section Division of Corporations	•					
SUBJI	DAYRON CRESPO CHAVE	Z					
		Name of Limited Liability Company					
Dear S	ir or Madam:						
The en	iclosed Registered Agent/Registered Offi	ice Change and fo	e(s) are submitted for filing.				
Please	return all correspondence concerning thi	is matter to the fo	llowing:				
Dayro	on Crespo Chavez						
	Name of Person		-				
DAYF	RON CRESPO CHAVEZ LLC						
	Firm/Company		-				
1290	1 sw 190th Terrace						
	Address	· .	-				
Miam	i FI 33177						
	City/State and Zip Code		•				
dayro	ncrespo@gmail.com						
E	-mail address: (to be used for future ann	ual report notifica	ution)				
For fur	ther information concerning this matter,	please call:					
Dayro	on Crespo Chavez	305 at (721-7227				
	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	Regis Divis P.O.	LING ADDRESS: Stration Section ion of Corporations Box 6327 hassee, Florida 32314				
	Enclosed is a check for the following	amount:					
	☑ S25 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. N	ame of the limited liability company: DAYRON CR	ESPO C	HAVEZ		
2. (a)	12901 sw 190th Terrace Miami FI 33177	(b) _			
- ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			ing address of limited liability con lote: MAY BE POST OFFICE E	
	02/27/17	 L1	700004627	270	-
3.	Date of filing/registration in Florida	4.	Doc	cument number	
5. (a)	Dayron Crespo Chaves				
	Registered Agent and Registered Office shown on the records of	the Florida De	ept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET) 12901 SW 190th Terrace	(DDRESS)			
	Miami , FL	33177		;•	
(b)	Dayron Crespo Chavez			17 AL	
(,	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	<u> </u>	TAUG 14 A	ga e e e e e e e e e e e e e e e e e e e
	NEW Registered Office Address:			7 -	-
	12901 SW 190th Terrace			AM II: 49	•
	Miami FL	33177		,	
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the register ability comp of the limite limited liab	red office and pany, it is her d liability cor	d the business office of the reby confirmed that the cha impany or as otherwise proving.	registered nge(s)
Signa	ture of a member or authorized representative of a member	———		nted or typed name of signee	
I herei provisi the obl to merc notified	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change.	ee to act in performanc d for in Cha lereby couf	thin manaita	t Garden and the constant	with the nd accept ving filed s been