## 1170000 47232

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





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## **COVER LETTER**

Registration Section

TO:

INHS18 (2/14)

Divi	sion of Corporations	•	•		
SUBJECT:	ROBIN HOOD ADJUSTERS LLC				
SUBJECT.	Name of Limited Liability Company				
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered Off	ice Change a	nd fee(s) are submitted for filing.		
Please return	all correspondence concerning th	is matter to th	ne following:		
Patricio La	avayen				
	Name of Person		<del></del> -		
Robin Hoo	od Adjusters LLC				
	Firm/Company				
12080 SW	127th AVE suite B-1 #147				
	Address				
MIAMI FL	33186				
	City/State and Zip Code		<del></del>		
<del>-</del>	binhoodadjusters.com		$\checkmark$		
E-mail	address: (to be used for future ann	ual report no	tification)		
For further in	nformation concerning this matter,	please call:			
Patricio La	vayen	305 at (	2816139		
	Name of Person		Area Code & Daytime Telephone Number		
Registration Section R Division of Corporations D Clifton Building P		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:					
<b>☑</b> \$3	25 Filing Fee		\$55 Filing Fee & Certified Copy		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOIL LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability comparsubmits the following statement in order to change its registered office or registered agent, or both, in the State & Florida.

1. Na	ime of the limited liability company: ROBIN HOO	D ADJU	JSTERS I	LLC	
2. (a)	12080 SW 127th AVE suite B-1 #147	(t	12080 \$	SW 127TH AVE SUITE B-1 #147	
2. (11)	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 33186		MIAMI F	FL 33186	
	February 28th 2017		L170000	)47232	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	PATRICIO LAVAYEN				
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of Stat	te:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 9135 SW 148TH CT			_	
	MIAMI	33196		~ <del>18</del> 0	
	, ri	<u> </u>		FILED PLED	
(b)		FILED			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ad	dress:	무 3	
				_	
	NEW Registered Office Address:				
	12080 SW 127TH AVE SUITE B-1 #147	<u> </u>		-	
	MIAMI . FI	33186			
the cha agent v was/we the arti Signa I here provisi the obl to mere	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and age in the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I d in writing of this change.	f the reginability confidence limited  Pateries to accommodification of the limited li	stered offic ompany, it in ited liabilit liability con cricio Lava	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany.  Byen  Printed or typed name of signee  Bacity. I further agree to comply with the	
Signatu	re of Registered Agent				