

L17000048094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

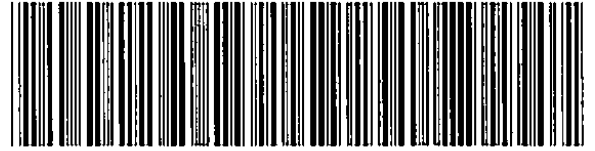
(Business Entity Name)

(Document Number)

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C. GOLDEN

JUN 21 2019

COVER LETTER

TO: Registration Section
Division of Corporations

134 NE 56 ST LLC

SUBJECT: _____
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:

SOFIA GARCIA

Name of Person

MANAGER

Firm/Company

11111 BISCAYNE BLVD # 122

Address

MIAMI FL 33181

City/State and Zip Code

MICHAELGARCIAJ

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SOFIA GARCIA

908

8751568

Name of Person at (_____) _____
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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
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 Florida.

134 NE 56 ST LLC

1. Name of the limited liability company: SOFIA GARCIA SOFIA GARCIA

2. (a) Principal office address of limited liability company: (b) Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*
11111 BISCAYNE BLVD # 122 11111 BISCAYNE BLVD # 122

MIAMI FL 33181

MIAMI FL 33181

03/01/2017

L17000048094

3. Date of filing/registration in Florida 4. Document number
SOFIA GARCIA

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
11111 BISCAYNE BLVD # 122

MIAMI 33181
FL

MICHAEL GARCIA

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
11111 BISCAYNE BLVD # 122

MIAMI 33181
FL

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Sofia Garcia
Signature of a member or authorized representative of a member

Sofia Garcia
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has notified in writing of this change.

[Signature]
Signature of Registered Agent