## 117000055173

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## COVER LETTER

TO:	Registration Section. Division of Corporations					
	Cespedes Realty LLC					
SUBJ		Γ:Name of Limited Liability Company				
Dear S	iir or Madam:					
The er	closed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.			
Please	return all correspondence concernin	g this matter to the	following:			
David (	Tespedes					
	Name of Person		<u> </u>			
Cesped	es Realty LLC		<i>F</i> ) <i>r</i> = -			
	Firm/Company		RECEIVED			
717 Po	nce De Leon Blvd STE 323					
Coral (	Address Gables FL 33134		STATE SECRETARY OF STATE TALLAHASSEE. FL			
david@	City/State and Zip Coccespedesrealty.com	de				
I	-mail address: (to be used for future	annual report notif	īcation)			
For fu	ther information concerning this ma	tter, please call:				
David (	'espedes	786 at (	3264574			
	Name of Person		Area Code & Daytime Telephone Number			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the follow	ing amount:				
	□ \$25 Filing Fee	□ s	55 Filing Fee & Certified Copy			

## 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.

. Name of the lir	Cespedes F nited liability company:	Realty LLC	
717 Ponce De (a)	Leon Blvd STE 323 Coral Gables FL 3313- pal office address of limited liability compa	(b)	Mailing address of limited liability company:
· ·	Note: MUST BE STREET ADDRESS)	<del>-</del>	(Note: MAY BE POST OFFICE BOX)
3/9/2017	<u>.                                    </u>	1.170000	)55173
David R Ces	te of filing/registration in Florida pedes	4.	Document number
Registered Ag	ent and Registered Office shown on the rec De Leon Blvd STE 629		
Registered O	Tice Address (MUST BE FLORIDA ST	TREET ADDRESS)	FIL.
		. FL	_ 24 P
David Cespec (b) Enter name of		—————————————————————————————————————	
	De Leon Blvd STE 323		
<u>NEW</u> Registo	red Office Address:		
Coral Gable	<u> </u>	33134 , FL	
ange or changes a ent will be identionally as/were authorized articles of organ	are made, the Florida street address cal. Or, in the case of a Florida lim d by an affirmative vote of the men fization or the operating agreement arror authorized representative of a member	of the registered office ited liability company, abers of the limited liab of the limited liab of the limited liability of the liabili	id CS Jedes Printed or typed name of signee
hereby accept the ovisions of all sta obligations of n	appointment as registered agent a tutes relative to the proper and con	nd agree to act in this c uplete performance of t rovided for in Chapter	capacity. I further agree to comply with t my duties, and I am familiar with and acc 605, F.S. Or, if this document is being fil hat the limited liability company has been