L17000068232

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	; #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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2017 OCT -2 PH 12: 41

S. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations	
Absoluta Properties LLC	
SUBJECT: Name of Limit	red Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
Cristiana M. Chaney	
Name of Person	· · · · · · · · · · · · · · · · · · ·
Absoluta Properties LLC	
Firm/Company	
2 South Biscayne Blvd., Suite 3760-A139	
Address	
Miami, Florida 33131	
City/State and Zip Code	
cristichaney@gmail.com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please cal	n:
Cristiana M. Chaney 858	
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
	■ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	



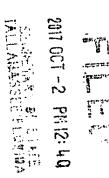
FLORIDA DEPARTMENT OF STATE Division of Corporations

July 21, 2017

CHRISTIANA M CHANEY 2 SOUTH BISCAYNE BLVD, SUITE 3760-A139 MIAMI, FL 33131

SUBJECT: ABSOLUTA PROPERTIES LLC

Ref. Number: L17000068232



We have received your document for ABSOLUTA PROPERTIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 017A00014821



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.

2. (a)	2 South Biscayne Blvd., Suite 3760-A139	(b) 2	South Biscayne Blvd., Suite 3760-A139
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(٧)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami, Florida 33131	M	liami, Florida 33131
			
	March 27, 2017	L13	7000068232
3.	Date of filing/registration in Florida	4.	Document number
s. (a)	Corporation Service Company		• • •
(-)	Registered Agent and Registered Office shown on the records of 1201 Hays Street	the Florida Dep	pt. of State:
	Registered Office Address IMUST BE FLORIDA STREET.	ADDRESS)	new every constant
	Talahasee , FI	32301	· · · · · · · · · · · · · · · · · · ·
(b)	Cristiana M. Chaney		~
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office address	
	NEW Registered Office Address:		
	2 South Biscayne Blvd., Suite 3760-A139		mu —

	Miami	33131	12 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
he cha gent v vas/we	mitted liability company is not organized under the lange or changes are made, the Florida street address of a florida limited limited limited by an affirmative vote of the members of the organization or the operating agreement of the	f the registers ability comp of the limited limited liabi	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
Signal	ure of a member or authorized representative of a member	Orional	Printed or typed name of signee
l herel rovisi he obl	by accept the appointment as registered agent and agent of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	ree to act in s performance d for in Chaj	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)