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J. HARRIS

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

INHS18 (2/14)

SUBJECT: MICCAC	ion Radio	
SUBJECT: Migracion Kadio  Viame 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:		
Jose Gregorio Que Namo of Person		
Migraciow Radio	<u>, LL</u> C	
5204 NE 3rd Court	Apt. 2	
MiAui, Florida 3313 City/State and Zip Code	7	
E-mail address: (to be used for future annual repo	Ail-Comport notification)	
For further information concerning this matter, please call:		
Jose Quirog A at (	786) 720 1559 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 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 Name of the limited liability company: Principal office address of limited liability company Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX) (Note: MUST BE STREET ADDRESS) 3. Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW Registered Office Address** If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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 Plorida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company Printed or typed name of signee Signature of a member or authorized representative of a member 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 accept 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 cifange in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change. Signature of Registered

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