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08/28/23--01011--010 **25.00





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.

. Na	ime of the limited liability company: AG 2017 LLC		
. (a)	59 NW 28 STREETMIAMI, FL 33127	(b) 480 NE 3	IST STUNIT 4005MIAMI, FL 33137
. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	04/13/2017		659
•	Date of filing/registration in Florida	4.	Document number
i. (a)	Gregory Blanco		<u>.</u>
	Registered Agent and Registered Office shown on the records of	e: 1203	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		2023 AUG 28 AM 6: 51
	480 NE 31ST ST UNIT 400 S		- · · · · · · · · · · · · · · · · · · ·
(b)	Miami	. 33137 L.	· · · · · · · · · · · · · · · · · · ·
	Enter name of NEW Registered Agent and/or NEW Registere		_
	NEW Registered Office Address:		
	480 NE 31st ST Unit 4005		_
	Miami , F	I. ³³¹³⁷	_
hange igent v vas/w	imited liability company is not organized under the la c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered office ar iability company, it i of the limited liabili	ad the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
l here provis he obs o mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act in this cap e performance of my ed for in Chapter 60, hereby confirm that	acity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filea the limited liability company has been
Signa	te of Registered Agent		

COVER LETTER

	istration Section sion of Corporations		
SUBJECT:	AG 2017 LLC		
Sebete.	Nam	e of Limited Li	ability Company
Dear Sir or I	Madam:		
The enclosed	d Registered Agent/Registered Offi	ee Change and	fee(s) are submitted for filing.
Please return	all correspondence concerning thi	s matter to the f	following:
Gregory Blan	ico		
	Name of Person	,	
	Firm/Company		
480 NE 31st	ST Unit 4005		
	Address		
Miami Fl., 33	3137		
	City/State and Zip Code		
b.greg89@gn	nail.com		
E-mail	address: (to be used for future ann	ual report notifi	cation)
For further i	nformation concerning this matter,	please call:	
Melanie Roze	ental	at (561 305 6636
	Name of Person		Area Code & Daytime Telephone Number
Reg Div P.O	iling Address: gistration Section rision of Corporations b. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Enc	closed is a check for the following	amount:	Tallahassee, FL 32303
() z(s	25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy

INHS18 (2/14)