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Macha (CT 20 2017)

. OVER LETTER

то:	Registration Section Division of Corporations	
SUBJ		
	Nam	e of Limited Liability Company
Dear S	Sir or Madam:	
The er	nclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
Please	return all correspondence concerning the	is matter to the following:
Stefa	an Tenreiro	
	Name of Person	
	Firm/Company	
6914	SW 114 PLACE, UNIT H	
1.11	Address	
MIAI	ИI, FL 33173	
	City/State and Zip Code	
	E-mail address: (to be used for future ann	ual report notification)
For fu	rther information concerning this matter.	please call:
Stefa	n Tenreiro	at ()
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS:	MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	Clifton Building	P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
	Enclosed is a check for the following	amount:
	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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.

1. N	ame of the limited liability company: PREQ, LLC			
2. (a)	6619 S. DIXIE HIGHWAY 574		6619	S. DIXIE HIGHWAY 574
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(v) <u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MIAMI, FL 33143		MIAM	I, FL 33143
	05/01/2017		L17000	0096966
3.	Date of filing/registration in Florida	4.		Document number
5. (a	Jose L Almarales			<u> </u>
	Registered Agent and Registered Office shown on the records of	f the Flori	da Dept, of S	State:
	Registered Office Address (MUST BE FLORIDA STREET) 736 NW 22nd Av	ADDRE.	<u>SS)</u>	— ************************************
	Miami	3312	 5	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address: Stefan Tenreiro			II. ED 18 AM II: 30
	NEW Registered Office Address:			
	6914 SW 114 PLACE, UNIT H			
	Miami, FI	L_3317	3	
the ch agent was/w the ar	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the reginability of the linited	gistered off company, i mited liab	Tice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.
	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to met	thy accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, led in writing of this change.	ree to a e perfor, ed for in hereby	ct in this c mance of n Chapter t confirm th	apacity. I further agree to comply with the ny duties, and I am familiar with and accept 505, F.S. Or, if this document is being filed at the limited liability company has been
Cianat	ure of Registered Agent			