## 217000111902

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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## **COVER LETTER**

SUBJECT: 1425 Michigan LLC					
Name 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:					
Maxine Brandmark Name of Person					
1220 ASSOCIATES Firm/Company					
1220 20th Street Address					
Miami Beach, Fl 33139 City/State and Zip Code					
Cherieanne Orockwell Miami. Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Cherilane Tamayo at (305) 962 7811  Name of Person Area Code & Daytime Telephone Number					

Enclosed is a check for the following amount:

STREET/COURIER ADDRESS:

\$25 Filing Fee

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

TO:

Registration Section Division of Corporations

☐ \$55 Filing Fee & Certified Copy

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

## 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.

Floride	a.	1	rogarior da agent, co	on, in the State by
1. Na	ame of the limited liability company:	Mich	gan LLC	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  1625 Michigan AVC  Miami Blach, FL 33130	(b)	Mailing address of limited (Note: MAY BE POST 20 20 th  MI Blach	
3.	Date of filing/registration in Florida	<u>L</u>	Document number	.02
5. (a)		••	2500 different framtoer	
(b)	Registered Agent and Registered Office shown on the records of the MID DANIIOVIC Registered Office Address MUST BE FLORIDA STREET AD 1025 West 47 Street Miami Beach FL Miam Mijatoric B Enter name of NEW Registered Agent and/or NEW Registered Office Address:  [NEW	DRESS) 33140	VORCE STATE	18 SEP - 7 PM 6: 13
the char agent was/we the artic Signatu I hereb provision the oblig	mited liability company is not organized under the laws onge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the line of a member of all statutes relative to the proper and complete per gations of my position as registered agent as provided for the reflect a change in the registered office address, I here it in writing of this change.	c registered office lity company, it he limited liability company to the limited liability company to act in this case.	is hereby confirmed that ity company or as other mpany.  Danilovia  Printed or typed name of s	ce of the registered at the change(s) wise provided in signee

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

Signature of Registered Agent