LI7 000 112085

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(Ad	dress)
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(Do	cument Number)
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800304131188

10/11/17--01003--015 **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

rioride	7 .					
1. Na	ime of the limited liability company: Migni	Ge	s 4	Less	LLC	
2. (a)	12476 Sw 221st St	_ (b)	1247	76 Su	221s	1 st
	Principal office address of limited liability company:		N	-	limited liability com	• •
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE	E POST OFFICE BO	
	miami, FL 33170	_	Mian	1 F(33170)
	05/22/2017		617	000112	1085	
3.	Date of filing/registration in Florida	4.		Document nun	nber	
5. (a)	Davier Neverder JR					
(-)	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State	:	201 7A1	
	12476 SW 2215f ST					". T
:-	Registered Office Address MUST ME FLORIDA STREET A	DDRESS)	3	•	I BCT I BY	· , , , , , , , , , , , , , , , , , , ,
					ALC SEC	7
	44.5					4
	Miani ,FL		3)70		S A A	rian era
<i>a</i> >	Zonelus Glaupela Silv	_			RETARY OF STAI AHASSEE FLORI	jan de la composition della co
(D)	Enter name of NEW Registered Agent and/or NEW Registered (C4 Office add	гезз:			i Pi
					10.1 11.5 14.	
	12476 Sw 221st S	7				
	NEW Registered Office Address:	L			حت.	
						
	Miani	32	170			
If the li	imited liability company is not organized under the law inge or changes are made, the Florida street address of t	s of the S	State of Flo	rida, it is herel	by confirmed that	t after
agent v	vill be identical. Or, in the case of a Florida limited liab	bility cor	mpany, it is	hereby confirm	med that the char	nge(s)
the arti	ere authorified by an affirmative vote of the members of cles of organization or the operating agreement of the I	the 11m1 imited li	ted hability ability com	company or a pany.	is otherwise prov	ided in
	At A			Printed or typed:	ENDEZ	
Sign	mentor a member or authorized representative of a member	<u></u>	30 410	Printed or typed	name of signee	
I herei	by accept the appointment as registered agent and agree	e to act	in this capa	city. I further	agree to comply	with the
the obl	ons of all statutes relative to the proper and complete is ations of my position as registered agent as provided ely reflect a change in the registered office address, I h	for in C	hapter 605,	F.S. Or, if the	n jamiliar with ai is document is be	na accept eing filed
notifie	ely reflect a change in the registered office address, I h d in writing of this change.	егеоу со	nyirm that t	ne iimiiea iiab	uuy company ha	s oeen
	1110 -					
Signatu	re of Registered Agent					

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