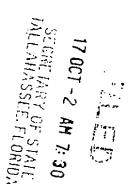
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Office Use Only



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OCT 03 2317 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations			
	AL ESTATE LLC nited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter	to the following:		
TNANCISCO J. PETURZ Name of Person			
Firm/Company 1339 PLUMOSA WAY Address			
WRSTON FL 3332= City/State and Zip Code	}		
E-mail address: (to be used for future annual repo	1 L. COM rt notification)		
For further information concerning this matter, please c	all:		
FINANCIS CO PEREZ at (_	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		

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.

r toriaa.	\sim	_		
Name of the limited liability company:	PERYDEL	. IRAL	ESTATE	LLC
2. (a) 201 ALHAMBRA CIRC	(b)	201	ALMAMANT	CINCLE
Principal office address of limited liability co (Note: MUST BE STREET ADDRES)		_	address of limited liabi MAY BE POST OFF	
SUITE 1205		SUITE	19.05	
CONAL GABLES, FL	33134	JAKOS	ORHURS FL	PEIEE _
BS/911/9012		1 17 00	/ \ 1 1 1 1 4 1 6	ì
3. Date of filing/registration in Florid	a 4.	Docu	nent number	<u> </u>
5. (a) PETEZ DELGADO, TRegistered Agent and Registered Office shown on the	TANUSCO	1028 Dent of State:		
1200 ALHAMORA C	ARCUR ASTREET ADDRESS)			
SUITE 1205	STREET ADDRESS		SEG MLL	17
CONAL GABLES	, FL <u>33 1</u>	34	WETA!	0CT - 130
(b) PERRI DEL GADO F Enter name of NEW Registered Agent and/or NEW	Registered Office addi	10SE	SEE, FLO	Z AM 7:
201 AL HAMBRA NEW Registered Office Address:	CINCLE		TATE DRIDA	ಬ್
SUITE 1205				
CORAL GABLES	. fl <u>331</u>	34		
If the limited liability company is not organized une				
the change or changes are made, the Florida street a agent will be identical. Or, in the case of a Florida was/were authorized by an affirmative vote of the r the articles of organization or the operating agreem	Timited liability con nembers of the limit	npany, it is hereb ed liability comp	y confirmed that the	ne change(s)
		FRANCIS	co Peri	£\$
Signature of a menular of authorized representative of a men			d or typed name of sign	
thereby accept the appointment as registered ages provisions of all statutes relative to the proper and the obligations of my position as registered agent a to merely reflect a change in the registered office a notified in writing of this change.	nt and agree to act i complete performa is provided for in Ch address, I hereby con	n this capacity, nce of my duties, hapter 605, F.S. nfirm that the lin	I further agree to c and I am familiar Or, if this docume aited liability comp	comply with the with and accept at is being filed any has been
Signature of Registering Section				

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