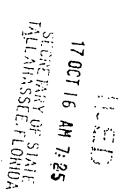
## 

(1	Requestor's Name)
	Address)
(,	Address)
(1	City/State/Zip/Phone #)
_	
PICK-UP	MAIL MAIL
(1	Business Entity Name)
(	Document Number)
actified Conjec	Certificates of Status
erimed Copies	
	· . <u></u>
Special Instructions	to Filing Officer:
	•
1 VED 16 AM 8:1	Office Use Only
> \frac{1}{2}	
· <u>ve</u> :	388
. 🖽 🗟	<b>4</b>
\$ 1107	
20	





10/17/17--01001--017 \*\*25.00



## **COVER LETTER**

Division of Corporations				
SUBJECT: SUBJECT: Subject Subj	593 LLC ed 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:			
Carel Munile				
Firm/Company				
11219 SW 238th St.				
Homestead, FL 33032 City/State and Zip Code				
City/State and Zip Code				
E-mail address: (to be used for future annual report r	COM notification)			
For further information concerning this matter, please call:				
Carol Murillo at (3) Name of Person	OS ) 720 0489  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:				
<b>⊠</b> \$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. 1	Name of the limited liability company: SUMAK.	593, LLC
2. (a		Decricly Prwy Apt. 10. Mailing address of limited liability company:
	( <u>Note: MUST BE STREET ADDRESS</u> )	(Note: MAY BE POST OFFICE BOX)
	Buffalo biove TL 60089 Bu	Hab brove IL 60089
	June 05, 2017 L1	7000 120 398
3.	Date of filing/registration in Florida 4.	Document number
5. (a	n Kaul A Areube	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	- e;
	4365 NW 116th Arc	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	_
	- · ·	-
	DOTAL .FL 33178	$\mathcal{A}_{\mathcal{L}}$
(b	Carol Murilla	17 <b>00</b>
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	11219 SW 238th St.	6 AA
	NEW Registered Office Address:	AM 7: 25 OF STATE OF LORID:
	Homestend FL 33032	
the ch agent was/v the ar	limited liability company is not organized under the laws of the State of Florange or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is were authorized by an affirmative vote of the members of the limited liability ticles of organization or the operating agreement of the limited liability company.  Applying authorized representative of a member	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
		Printed or typed name of signee
I her provi, the ol to me notifi	eby accept the appointment as registered agent and agree to act in this cape sions of all statutes relative to the proper and complete performance of my obligations of my position as registered agent as provided for in Chapter 605 rely reflect a change in the registered office address. I hereby confirm that the different points of this change.	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
Signal	ure of Registered Agent	