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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
SECRETARY OF STATE

K. SALY JUL - 3 2017

. COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: Special C Name of Limite	checks 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:	
Peter Dominic Can Name of Person	rini	
Special Checks Firm/Company	2LC	
2990 Ponce De Leon Address	#500	
Coval Gables, FL. City/State and Zip Code	33/34	
E-mail address: (to be used for future annual report n	otification)	
For further information concerning this matter, please call:		
Peter Sommic Carini at (4)	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.

1.	Na	ame of the limited liability company: Special Checks 226
2.		(b)
	` /	Principal office address of limited liability company: Mailing address of limited liability company:
		(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
		#500 Coral Gables, FL.
		6/9/17 2/7000/27/02
3.		Date of filing/registration in Florida 4. Document number
5	(a)	Sean Padrick Perez
٥.	(<i>u</i>)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		Miami FL.
		Miami FL. BL 33/74 30 5
	(b)	Aland Peter Dominic Carani
		Enter name of NEW Registered Agent and/or NEW Registered Office address:
		LINE AND MARKETON AND AND AND AND AND AND AND AND AND AN
		NEW Registered Office Address:
		2990 Ponce Delem #500
		Coral Cables, FL 33134
the age was	cha nt w s/we	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after inge or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
		ture of a member or authorized representative of a member Peter D. Carrur Printed or typed name of signee
pro the to n	visi obli nere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.

Signature of Registered Agent