11000 140 465

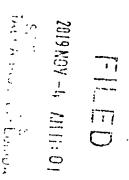
(Requestor's Name)					
(Address)					
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,					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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10/15/19--01030--013 **50.00





COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	3026 NW 32 Avenue LLC					
00100	Name of Limited Liability Company					
Dear S	ir or Madam:					
The er	nclosed Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the fol	llowing:			
Kevir	n Keimig					
	Name of Person		•			
3026	NW 32 Avenue LLC					
	Firm/Company		-			
2950	NW 35 Street					
	Address		-			
Miam	ni FL 33142					
	City/State and Zip Code		-			
Kevir	n@beachpebbles.com					
I	E-mail address: (to be used for future and	nual report notifica	ation)			
For fu	rther information concerning this matter	, please call:				
Kevin Keimig		305	438-1775			
	Name of Person		Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314			
	Enclosed is a check for the following	g 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.

i. Na	me of the limited liability company: 3026 NW 32	Avenue LL(<u> </u>
2 (a)		(b)	
(47	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2950 NW 35 Street	29	50 NW 35 Street
	Miami FL 33142	Mia	ami FL 33142
	06/28/17	L17	000140485
3.	Date of filing/registration in Florida	4.	Document number
5 ()			
5. (a)	Registered Agent and Registered Office shown on the records of Kevin Keimig	the Florida Dept	t. of State:
	Registered Office Address (MUST BE FLORIDA STREET) 3214 NE 2nd Avenue	ADDRESS)	
	Miami FL	33137	20
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Kevin Keimig	l Office address:	
	NEW Registered Office Address:		
	2950 NW 35 Street		
	Miami FI	33142	
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cless of organization or the operating agreement of the ture of a number of authorized representative of a member by accept the appointment as registered agent and agreement of all statutes relative to the proper and complete	f the registered ability compared the limited liability Kevin K	od office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. Keimig Printed or typed name of signee his capacity. I further garge to comply with the
	on accept the appointment as registered agent and agent on the proper and complete in the proper and complete igations of my position as registered agent as provide lay reflect a shange in the registered office address, I d'in writing of this charge.	ed för in Chap hereby confir	oter 605, F.S. Or, if this document is being filed on that the limited liability company has been
Signatu	re of Registered Agent		

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