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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJI	BONTERRA SWAN MIAMI LLC.					
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of Limited Liability Company				
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the fo	llowing:			
CHRI	STIAN GIRALDO					
	Name of Person		•			
CAPI	TAL BROKERS LLC.					
	Firm/Company		•			
20295	NE 29TH PLACE. SUITE 100A					
	Address	<del></del>	•			
AVEN	ITURA, FL 33180					
	City/State and Zip Code		•			
cgiral	do@capitalbrokersusa.com					
13	-mail address: (to be used for future am	nual report notifica	ation)			
For fur	ther information concerning this matter	. please call:				
CHRI	STIAN GIRALDO	305 at (	933-1242 EXT 1000			
	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	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.

i.	Na	me of the limited liability company:  BONTERRA	SWAN	IMIAM	41 LLC	<u> </u>	
7	(a)	11046 WEST FLAGLER STREET	1	(b) 11046 WEST FLAGLER STREET			
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
		MIAMI, FL 33174		MIA	MI, FI	L 33174	
		JUNE 29TH 2017		L170	0014	1123	
3.		Date of filing/registration in Florida	4,		Ι	Document number	
5.	(a)	MARTORELL'S OFFICE GROUP					
	(,	Registered Agent and Registered Office shown on the records o	f the Flori	da Dept. o	of State:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				<u> </u>	
		11046 WEST FLAGLER STREET					
		MIAMI	33174	1		FILED MO18	
			4.J			N E	
	(b)					三 三	
		Enter name of NEW Registered Agent and/or NEW Registered Office address:					
		CAPITAL BROKERS LLC.				<u> </u>	
		NEW Registered Office Address:					
		20295 NE 29TH, PLACE, SUITE 100A					
		AVENTURA , F	<sub>L</sub> 33180	)			
the agi	eha ent v is/wo	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited is re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the reg liability of the li e limited	gistered ( company mited lia Hiability	office y, it is ability y comp	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
_:	Signal	ture of a member or authorized representative of a member				Printed or typed name of signee	
pro the tho	gvisi obl mere tified	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent, as provid ily reflect a change in the registered office address, i I in writing of this change.	gree to a e perfor, ed for in I hereby	ct in this nance o Chapte confirm	s capa of my di er 605, i that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	