L17000/62208

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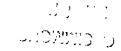
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18 HAR -S AH II: 00 SECRETARY OF STATE ALLAHASSEE, FLORIDA



COVER LETTER

Division of Corporations				
3270 SW 6th Street, LLC				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
Alejandro R. Alvarez				
Name of Person	 _			
Alejandro R. Alvarez, P.A.				
Firm/Company				
999 Ponce de Leon Blvd. Suite 1045				
Address				
Coral Gabies, FL 33134				
City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·			
aalvarez@alejandroralvarezpa.com				
E-mail address: (to be used for future annual i	report notification)			
For further information concerning this matter, plea	ase call:			
Alejandro Alvarez	305 299-7232			
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	ame of the limited liability company: 3270 SW 6th S	Street, LLC	
2. (a)		_ (b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3. 5. (a)	Date of filing/registration in Florida Alejandro R. Alvarez, Esq. Registered Agent and Registered Office shown on the records of the	4.	Document number
	Registered Agent and Registered Office shown on the records of the	ne i lorida Dept. of	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		- SECT
	201 Alhambra Circle, Suite 1200		
	Coral Gables , FL	33134	FILE BO
(b)	Alejandro R. Alvarez, Esq. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Control of New Registered Control </u>	Office address:	FILED 18 NAR -5 AN II: 00 18 NAR -5 AN II: 00 FALLEANIASSEE, FLORIDA FALLEANIASSEE, FLORIDA
	Alejandro R. Alvarez, P.A.		
	NEW Registered Office Address:		
	999 Ponce de Leon Blvd., Suite 1045		
	Coral Gables , FL	33134	
the cha agent v was/we the arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law turk of a member of authorized representative of a member	the registered of bility company, f the limited liab limited liability	ffice and the business office of the registered it is hereby confirmed that the change(s)
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p ignitions of my position as registered agent as provided ely reflect a cidange in the registered office address, I ha f in writing of this change.	ee to act in this performance of for in Chapter ereby confirm t	

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