## LITOCO 163902

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K SALY SEP - 7 2017

TO: Registration Section Division of Corporations	COVER LETTER						
SUBJECT: MJ MIAMI LLC							
Na II	me of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered of	fice Change and fee(s) are submitted for filing.						
Please return all correspondence concerning the	his matter to the following:						
JUAN MERCADAL							
Name of Person	<del></del>						
ORANGE BUSINESS SOLUTIONS IN	IC						
Firm/Company							
1444 BISCAYNE BLVD SUITE 212							
Address	······································						
MIAMI, FL 33132							
City/State and Zip Code							
CORP976@GMAIL.COM							
E-mail address: (to be used for future an	nual report notification)						
For further information concerning this matte	r. please call:						
JUAN MERCADAL	305 417-9919						
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Tallahassee. Florida 32301	<u> </u>						
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 1177 1141	•	ļ			
1. Na	me of the limited liability company:	MJ MIAMI LLO			
2. (a)	MJ MIAMI LLC	(b) MJ MIAMI LLC			
(a) <sub>-</sub>	Principal office address of limited lia (Note: MUST BE STREET A	DDRESS)	_ (0,	Mailing address (Note: MAY	of limited liability company:  BE POST OFFICE BOX)
	2727 PONCE DE LEON BLV	<u> </u>	_	2727 PONCE DE L	LEON BLVD
	CORAL GABLES, FL 33134		_	CORAL GABLES,	FL 33134
	08/01/2017	<u> </u>		L17000163902	
<ul><li>3.</li><li>5. (a)</li></ul>	Date of filing/registration in HERRANZ SANZ, MANUEL	Florida	4.	Document n	number
	Registered Agent and Registered Office show HERRANZ SANZ, MANUEL				
	Registered Office Address (MUST BE F) 5601 COLLINS AVE APT 401	LORIDA STREET A	<u>DDRESS)</u>		
(b) ,	MIAMI BEACH	 	33140		2011
	ALEX ORTIZ				2011 SEP -5 PM
	Enter name of <u>NEW Registered Agent</u> and/o	NEW Registered (	Office add	ress:	500 5 1
	ALEX ORTIZ				P-5 PM 4: 25
	NEW Registered Office Address:	I		<del></del>	: 25
	2727 PONCE DE LEON BLV				
	CORAL GABLES	 	33134		
the cha agent was/we the artice Signate I hereby provisite the oblition mere notified	mited liability company is not organinge or changes are made, the Florida will be identical. Or in the case of a fire authorized by an affirmative vote on the organization or the operating a cles of all statutes relative to the proping ations of my position as registered of the writing of this change.	street address of the limited lial of the members of the ligreement of the light of a member and agreed agent and agreed agent and agreed	the regis bility con the limi imited li	tered office and the bus mpany, it is hereby cont ted liability company of ability company.  MANUEL HE  Printed or type in this capacity. I furth	siness office of the registered firmed that the change(s) or as otherwise provided in ERRANZ SANZ ed name of signee

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

INHS18 (2/14)