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COVER LETTER

TO: Registration Section **Division of Corporations** SUBJECT: Sanchez & Cadavid, LLC
Name of Limited 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: Abigail Santander
Name of Person Sanchez & Cadavid, LLC
Firm/Company 12385 SW 129+h Court, #8
Address Miami, FL 33186
City/State and Zip Code abipasantander 2002 @ yahoo. com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassec, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$55 Filing Fee & Certified Copy ☐ \$25 Filing Fee

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.

Floride											
l. Na	ame of the limited	liability compa	my: <u>Sanc</u>	shez &	k Cz	adavic	I, LL	<u>C</u>			
	12385 SW 129 Court, Suite 8 (b) 12385 S						SW (29th Court, Suite 8) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Miami,	FL 33186	.		Mia	mi, FL	33186				
	Septemb Date of f	per 21,	2017		<u>L</u> 1	7000		3			
3.			_	4.		Document	number				
5. (a)	Didier S					_					
	Registered Agent and			rds of the Florida	Dept. of Sta	ite:					
	12385 SW Registered Office Ad		COUYT BE FLORIDA STR	REET ADDRESS							
	Suite 8	<u></u>			•			SE SE	=		
	· · · · · · · · · · · · · · · · · · ·			721	———	<u> </u>		AAC AAC	30.0	- ;	
	Miami			_, FL331	06			SS	7 29	-	
(b)	Abigail	Santa	under					1. E.	70	[7]	
	Enter name of NEW			stered Office add	dress:			STATE	PH 12: 01	\Box	
	NEW Registered Off	ice Address:									
	12385 SW	129th	Court, Si	site 8		_					
	Miami,	FL		.FL 3318	36	_					
If the I	imited liability cor	npany is not o	rganized under th	he laws of the	State of F	lorida, it is l	hereby conf	irmed th	at after	r	
agent v	inge or changes are will be identical (rsin the case	of a Florida limi	ted liability co	mpany, it	is hereby ec	infirmed tha	at the cha	inge(s))	
	ere authorized by a icles of organization						or as other	wise pro	vided i	n	
11_	no nu knouse	N.				Sofia	Cadav	id Sa	anch	167	
Signa	ture of a attember or au	thorized represen		-		Printed or t	yped name of	signee			
provisi the obl to mer	by accept the appo ions of all statutes ligations of my pos ely reflect a chang d in writing of this	relative to the ition as registe e in the registe	proper and com	plete perform	ance of my	duties, and	' Lam Famili	iar with i	and acc	cent	
	igail Sant			<u> </u>							
อายูกสน	reaf Registered Agent										