117000200557

(Re	questor's Name)	_
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
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(Do	cument Number)	
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10/19/17--01026--010

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: VIOLENT VILL. Name of Limi	AR, LLC ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	o the following:
VANESSA BERTRAN Name of Person	
VANESSA M. BERTRAN, Firm/Company	<u>PA</u>
250 CATAIONIA #	-304
CORAL GABLES, FL 33, City/State and Zip Code	<u> 134</u>
VANESSA Q VIBLAW : NET E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please ca	П:
VANESSH BERTRAN at (3) Name of Person	04) 445-9660
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	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.

1. Name of the limited liability company: VIOLENT	VILLAR, LLC
2. (a) 5738 SIÙ 100 ST	(b) 11767 5 DIXIEHWY
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 33154	#136
	PINECREST, FL 33154
3. Date of filing/registration in Florida	117000200557
3. Date of filing/registration in Florida	4. Document number
5. (a) REGISTERED AGENTS I	wc
Registered Agent and Registered Office shown on the records of the	
3030 ROCKY POINT DE Registered Office Address (MUST BE FLORIDA STREET A	T 0
Registered Office Address [1900] WIT ISONIA (Application)	
	721.67
TAMPA	33407 33407
(b) VANESSA BERTRAN, P. A	3m 0
Enter name of NEW Registered Agent and/or NEW Registered	
250 CATALONIA	
NEW Registered Office Address:	
# 304	
	
CORAL GABLES FL	33134
If the limited liability company is not organized under the law	es of the State of Florida, it is hereby confirmed that after
the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited lia	the registered office and the business office of the registered
was/were authorized by an affirmative vote of the members o	f the limited liability company or as otherwise provided in
the articles of organization or the operating agreement of the	
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree	ve to act in this capacity. I further agree to comply with the
provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provided to merely reflect a change in the registered office address. I h	verjormance of my addess, and 1 am familiar with and accept I for in Chapter 605, F.S. Or, if this document is being filed wreby confirm that the limited liability commons has been
notifiedfin writing of this change.	crear confirm that the timue a reality company has been

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

Signature of Registered Agent