

L17000238767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATIONS
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M. MILLIGAN
MAY 15 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CNA Building 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:

Angelina Garcia

Name of Person

CNA Building LLC

Firm/Company

3485 NW 65 ST

Address

Miami FL 33147

City/State and Zip Code

finance@y-not.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angelina Garcia

at (305) 479 2627

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

INHS16 (2/14)

\$25 Filing Fee

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: CNA Building LLC

2. (a) 3485 NW 65 ST

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Miami FL 33147

11/20/2017

3. Date of filing/registration in Florida

(b) 3485 NW 65 ST

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

Miami FL 33147

L17000238767

4. Document number

5. (a) Angelina Garcia

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

16040 E Troon Cir

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Miami Lakes, FL 33014

(b)

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

3485 NW 65 ST

NEW Registered Office Address:

Miami, FL 33147

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STATE DEPT. OF CORP. REGISTRATION
DIVISION OF CORPORATIONS
10 MAY -7 PM 1:37

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Angelina Garcia
Signature of a member or authorized representative of a member

Angelina Garcia

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Angelina Garcia
Signature of Registered Agent