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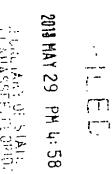
(Requestor's Name)				
(Address)				
. (Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO:	Registration Section Division of Corporations				
2924 BIRD AVE DEVELOPMENT LLC SUBJECT:					
1,0 C · 150 K	······	ne of Limited	Liability Company		
Dear 8	ir or Madam:				
The en	closed Registered Agent/Registered Off	ice Change an	d fee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to th	e following:		
ARM	ANDO MUNS				
	Name of Person	***************************************	······································		
	BIRD AVE DEVELOPMENT LLC				
***************************************	Firm/Company				
	OX 310575				
	Address				
MIAM	II. FL 33231				
***************************************	City/State and Zip Code				
	ANDRA@AGCONTRACTORSFL				
E	-mail address: (to be used for future and	iual report not	ification)		
For fur	ther information concerning this matter,	please call:			
ALEX	ANDRA BENITEZ	305	503-9869		
	Name of Person	***************************************	Area Code & Daytime Telephone Num	ber	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	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	a :	S55 Filing Fee & Certified Copy		
INHS18	8 (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. Na	une of the limited liability company: 2924	BIRD AVE DEVELOPM	IENT LLC		
	3326 MARY ST, SUITE 401	(b) PO BC	(h) PO BOX 310575		
(,	Principal office address of limited liability co (Note: MUST BE STREET ADDRES	mpany;	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	MIAMI, FL 33133	MIAMI,	FL 33231		
	12/29/2017	L.170002	264351		
3.	Date of filing/registration in Florid	a 4.	Document number		
5. (a)	AGM CONTRACTORS FL LLC				
(4)	Registered Agent and Registered Office shown on the	records of the Florida Dept. of Sta	ere.		
	2121 SW 3RD AVE SUITE 205				
	Registered Office Address (MUST BE FLORID)	(STREET ADDRESS)			
			<i>>.</i> 20		
	MIAMI	. FL 33129	2010 MAY		
4.5	AGM CONTRACTORS FL LLC		29		
(b)		Registered Office address:	- Fig P		
	3326 MARY ST., SUITE 401		England S		
	NEW Registered Office Address:				
	MIAMI	_{FI} 33133			
ne cha igent w was/we	mited liability company is not organized unounge or changes are made, the Florida street a will be identical—Option the case of a Florida are authorized by an affirmative vote of the notes of organization or the operating agreements.	iddress of the registered offic limited liability company, it nombers of the limited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in		
		ARMANDO			
	ure of a merdeer or authorized representative of a men		Printed or typed name of signee		
I herci provisio he obli o mere totifica	ny accept the appointment as registered ager ons of all statutes relative to the proper and igations of my position as registered agent a liv reflect a change in the registered office a l'in writing of this change.	nt and agree to act in this ca complete performance of my is provided for in Chapter 66 ddress. I hereby confirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been		
Signor	v o: Registered Agent	*****			
_		is• P.O. Box 6327• Tallaha ILING FEE: \$25.00	assee, FL 32314		