## 1180000 14775

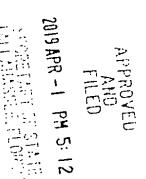
(Requestor's Name)					
(Address)					
(Address)					
(City	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



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04/01/18--01025--002 \*•25.00



## COVER LETTER

Ferrer Capital Lending, LLC				
SUBJECT: Name	of Limited L	iability Company	<del></del>	
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offic	ee Change and	fee(s) are submitted for filin	Ř·	
Please return all correspondence concerning this	s matter to the	following:		
Juan Luis Ferrer				
Name of Person		<u> </u>		
Firm/Company				
8512 NW 168th Ter			2019 APR SECRET	
Address	,		APR-	
Miami Lakes, FL 33016			- PR	
City/State and Zip Code		<del></del>	5 5 1 5 1 5 1 1 5 1 1 1 1 1 1 1 1 1 1 1	
juanferrer1920@yahoo.com			78	
E-mail address: (to be used for future annu	ial report notif	fication)		
For further information concerning this matter, p	please call:			
Juan Luis Ferrer	305	934-4603		
Name of Person	(	Area Code & Daytime Tel	ephone 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:			
<b>☑</b> \$25 Filing Fee	ΓΙς	S55 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.

l. Na	me of the limited liability company: Ferrer Capita	l Lendir	ng, LLC		
2. (a)	8512 NW 168th Ter	(h	(b) 8512 NW 168th Ter		
(u)	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 Lakes, FL 33016	_	Miami L	akes, FL 33016	
	01/18/2018		L180000		
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Mellaw Registered Agents, LLC				
	Registered Agent and Registered Office shown on the records of 2601 S. Bayshore DR., 18th Floor Registered Office Address (MUST BE FLORIDA STREET)	_			
	Coconut Grove	33133		APPRO FILE 2019 APR-1	
(b)	Yaimi Amador			R BOYE	
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:		
	8512 NW 168th Ter			2	
	NEW Registered Office Address:	,			
	Miami Lakes	33016	,	-	
the cha agent v was/wa	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members colors of organization or the operating agreement of the	the regi: ability co of the lim	stered offic impany, it i iited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
_//	MU Gall	Jua	in Luis Fe		
I here provisi the obi to mer notifie	ture of a member or authorized representative of a member by accept the appointment as registered agent and agricons of all spaintes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It in writing of this change.	ree to act perform d for in ( hereby c	in this cap ance of my Thapter 602 onfirm that	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Signatu	re al Registered Agent				