## L180000 54824

(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	





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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: PROPERTIES LAS FLORES I	_LC
	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 r	natter to the following:
JOYCE N ROTHSCHILD	
Name of Person	
JOYCE N ROTHSCHILD CPA	
Firm/Company	
85 W PASSAIC ST	
Address	
MAYWOOD, NJ 07607	
City/State and Zip Code	
JOYROTHS@AOL.COM	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ease call:
JOYCE N ROTHSCHILD	201 8438275
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 am	ount:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
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## 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.

z. (a)	Principal office address of limited liability company:		(b)	)	Mailing address of lim		
	Principal office address of limited liability company:  (Nata: MUST RE STREET ADDRESS)				Mailing address of lim (Note: MAY BE P	ited liability o OST OFFICE	ompany: ( <i>BOX</i> )
	748 EUCLID AVE APT 3			748 EU	ICLID AVE APT	3	
	MIAMI BEACH, FL 33139			MIAMI	BEACH, FL 331	39	MINING HIR COLOR OFF WA
	MARCH 01,2018		ı	L180000	)54824		
3.	Date of filing/registration in Florida	4.	-	. <del></del>	Document number	)r	4 Carlotte and a co
5. (a)	Registered Agent and Registered Office shown on the records of						
		f the Flori	ida .	Dept. of Sta	sta:		
	RONNY LEMEGA				<del></del>		
	Registered Office Address (MUST BE FLORIDA STREET 748 EUCLID AVE APT 3	ADDRE!	<u>(SS)</u>			P.	z 12
	MIAMI BEACH	33139	9	· · · · ·		LA	<u> </u>
	• •				<del>-</del>	HA	PR
(b)	Enter name of NEW Registered Agent and/or NEW Registered				_	OSE S	. <i>\\</i> 2
	Enter name of NEW Registered Agent and/or NEW Registered	l Office a	<u>idd</u>	ress:		ت الم	_
						<b></b>	
	AGUSTIN FLORES					FLO	21 Hd
	AGUSTIN FLORES  NEW Registered Office Address:	· · · · · ·			·•	FLORID	PH12: 4
	· · · · · · · · · · · · · · · · · · ·			·	<del></del>	FLORIDA	APR 23 PH 12: 45
	NEW Registered Office Address: 748 EUCLID AVE APT 3	. 33139	 		·•	FLORIDE	PH12: 45
f the li	NEW Registered Office Address:  748 EUCLID AVE APT 3  MIAMI BEACH , FI	ws of th	o 5	State of Fl	  lorida, it is hereby c	FLORIDA CONTINUED IN	13t after
he cha gent w	NEW Registered Office Address:  748 EUCLID AVE APT 3  MIAMI BEACH FI  imited liability company is not organized under the la nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li	ws of th f the reg	o S rist	ered officing	e and the business of the second seco	office of the I that the ch	iat after e registere ange(s)
he cha gent w vas/we	NEW Registered Office Address:  748 EUCLID AVE APT 3  MIAMI BEACH , FI  imited liability company is not organized under the la	ws of the regulative control of the line o	io S rist con mit	ered offic npany, it i ted liabilit	e and the business of the hereby confirmed to company or as of	office of the I that the ch	iat after e registere ange(s)
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