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TO: Registration Section Division of Corporations

Surf and Turf Brickell 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:

Michael A. Blanco	
Name of Person	
Blanco + Co. LLP	
Firm/Company	ų.
8360 West Flagler Street, Suite 200	ال ل م

Address

Miami, FL 33144

City/State and Zip Code

monica@blancollp.com

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

For further information concerning this matter, please call:

Michael A. Blanco	305 6152655
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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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.

kell LLC (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Suite 2000 Miami, FL 33130 L18000057864 Document number State: Suite 2000 Miami, FL 33130 L18000057864 Document number State: State: <td c<="" th=""></td>	
Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Suite 2000 Miami, FL 33130 L18000057864 Document number	
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f the State of Florida, it is hereby confirmed that after registered office and the business office of the regis ty company, it is hereby confirmed that the change(se limited liability company or as otherwise provided ted liability company.	
Hector Pous	
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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.

Signature of Registered Agent

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

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