L180000 65257

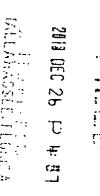
(Re	questor's Name)	<u> </u>		
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PICK-UP	WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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CODER MARDOSAS, P.L.L.C.

ATTORNEYS AND COUNSELORS AT LAW

3015 N OCEAN BLVD., STE. 125 FORT LAUDERDALE J FL 33308

TELLIPRONE: 954-790-6800

FACSIMILE: 855-790-680

December 18, 2018

Registration Section Division of Corporations PO Box 6327 Tallahasse, FL 32314

RE: Change of Address Correction for Coder Mardosas Document Number L18000065257

Dear Sir or Madame:

I submitted a change of address form to the department earlier this month. The change of address was incorrect. I believe, I included the correct address in my initial correspondence.

Should you wish to return the check for the error, I included a self-addressed stamped envelope.

Please correct the address for the office, partners, and registered agent.

The address should read:

3015 N Ocean Blvd., Ste. 125 Fort Lauderdale, FL 33308.

Sincerely,

Miguel Coder Managing Member

COVER LETTER

то:	Registration Section Division of Corporations			
SUBJI	Coder Mardosas PLLC			
	Name of Limited Liability Company			
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.	
Please	return all correspondence concerning th	is matter to the	following:	
Migue	el Coder			
	Name of Person		_	
Code	r Mardosas PLLC			
	Firm/Company	.	_	
3015	N Ocean Blvd., Ste. 125			
	Address			
Fort L	auderdale, FL 33308			
	City/State and Zip Code		_	
mcod	er@codermardosas.com			
- F	-mail address: (to be used for future and	nual report notif	ication)	
For fu	ther information concerning this matter.	please call:		
Migue	el Coder	954 at (790-6800	
	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	Re Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314	
	Enclosed is a check for the following	amount:		
	■ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy	

TO:

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

	me of the limited liability company: Coder Marde	sas P		Doogn Blud		
a)	3015 N Ocean Blvd		(D)	Ocean Blvd.		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		7.	failing address of lim		
	Suite 125		Suite 125			
	Fort Lauderdale, FL 33308		Fort Lauc	derdale, FL 33	308	
	03/13/2018		L1800006	5257		
	Date of filing/registration in Florida	4.		Document numbe	er	
(a)	Miguel Coder					
(11)	Registered Agent and Registered Office shown on the records of	:				
	3015 N Ocean Blvd, Fifteenth Floor					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Ste. 125			<u></u>		
	Fort Lauderdale	L <u>3330</u>	8)30	
b)	Miguel Coder			SEE SEE	26	; ;
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office	address:	<u>-</u>	U	
	3015 N Ocean Blvd.			© - ;	र्स दम्	The state of the s
	NEW Registered Office Address:				ب	
	Suite 125					
	Fort Lauderdale	erdale33308				

_77/6/2	Miguel Coder		
Signature of a member or authorized representative of a member	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.

Signature of Registered Agent