11800000 78233

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

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JUL 2 1 2018

S. PRATHER

. COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	SUBJECT: FHAG LLC Name of Limited Liability Company						
		0 (7) [3)					
Dear S	Sir or Madam;						
The e	nclosed Registered Agent/Registered Offi	ce Change and fe	ee(s) are submitted for filing.				
Please	e return all correspondence concerning thi	s matter to the fo	ollowing:				
ADIS	S M GARCIA						
	Name of Person		_				
	Firm/Company		_				
1524	1 SW 112 CT		_				
	Address						
MIAN	MI FL 33157		_				
	City/State and Zip Code						
TOP	EKA80@HOTMAIL.COM						
1	E-mail address: (to be used for future annu	ual report notific	ation)				
For fu	orther information concerning this matter.	please call:					
TOP	EKA MARTINEZ	786	510 5870				
	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	Regi Divi: P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 ahassee, Florida 32314				
	Enclosed is a check for the following amount:						
	\$25 Filing Fee	□ \$55	Filing Fee & Certified Copy				

INHS18 (2/14)

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

- 3

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	me of the limited liability company: FHAG LLC			
2. (a)	15241 SW 112 CT, MIAMI, FL 33157	(b) 152	241 SW 112 CT, MIAM	II, FL 33157
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	03/27/2018		000078233	
١,	Date of filing/registration in Florida	4.	Document number	
5. (a)	GARCIA AMADOR, ADIS M			
, (a)	Registered Agent and Registered Office shown on the record	of State:		
	Registered Office Address (MUST BE FLORIDA STRE		_,	
	9400 SW 57 TERMIAMI,		ຸ້ ຄ. 	∽
	MIAMI	_{EI} 33173	•	<u>د</u> د
		, 1 12		- ,
(b)				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	ered Office address:	1	Ö
			٥٠	(3)
	NEW Registered Office Address:			
	15214 SW 122 CT			
	MIAMI	FL 33157		
he cha igent v vas/wo he arti	imited liability company is not organized under the inge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the members of organization or the operating agreement of	is of the registered ad liability compar ars of the limited b the limited liabili	l office and the business off iy, it is hereby confirmed the iability company or as othe ty company.	ice of the registered lat the change(s) rwise provided in
Sign	ture of a member or authorized representative of a member	TRAIS	Printed or typed name of	Esionee
l herei provisi he obl o mere totified	by accept the appointment as registered agent and ons of all statutes relative to the proper and compigations of my position as registered agent as provity reflect a change in the registered office addres. Yn writing of this change.	agree to act in th	is canacity. I further agree	to comply with the
ار) Signatu	re of Registered Agent			
l				