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(Requestor's Name)							
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PICK-UP	☐ WAIT	MAIL					
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Certified Copies Certificates of Status							
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COVER LETTER

Po: Registration Section Division of Corpora					
Proof Miam	LLC				
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Ag	ent/Registered Office Cha	inge and fee(s) are submitted for filing.			
Please return all correspond	ence concerning this matte	er to the following:			
Justin Flit					
Nai	ne of Person				
Proof Miami LLC					
Fin	n/Company				
1744 SW 22 terrace					
Α	ddress				
Miami, Fl. 33145					
City/St	ate and Zip Code				
justinflit42@gmail.com					
E-mail address: (to be	used for future annual rep	ort notification)			
For further information con-	cerning this matter, please	call:			
Justin Flit	at (_	754 224-6142			
Name of Pe	rson	Area Code & Daytime Telephone Number			
STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, Florida	n ntions nter Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a checl	k for the following amous	nt:			
☑ \$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

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

<i>Florida.</i> L. Name o	f the limited liability company:	roof Miami LL	_C					
	4 SW 22 terrace Miami, Fl. 33	3145	(b	1744 S	SW 22 terrace Miami, Fl. 33145			
() <u></u>	Principal office address of limited liabili (Note: MUST BE STREET ADD				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
174	44 SW 22 terrace Miami, Fl. 3	33145	-	1744 S\	N 22 terrace	Miami, I	FI. 331	45
04/	13/2018	, <u></u>	_	L180000	84046			
i. —	Date of filing/registration in Fl	lorida	4.		Document nu	mber	,	
i. (a) <u>Uni</u>	ted States Corporation Agent	ts Inc						
` ' —	tered Agent and Registered Office shown of	on the records of th	e Florida	Dept. of Stai	_ te:			
Uni	ited States Corporation Agen	ts Inc.						
Regis	stered Office Address (MUST BE FLO	RIDA STREET AL	DDRESS	7	_			
13	302 winding oak Ct -A					• • • •	70	
Tai	тра	, FL_3	33612		_	<u></u>	2013 ár ß	;
(b) Just	tin Flit						تت ا 8	**************************************
	name of NEW Registered Agent and/or	NEW Registered C	Office ad	dress:		· .	PH 5:	
NEW	Y Registered Office Address:				_	: . ::	9	
174	44 SW 22 terrace							
Mia	ami	, FL_3	3145		_			
he change o gent will be as/were au	d liability company is not organized or changes are made, the Florida street identical. Or, in the case of a Florida thorized by an affirmative vote of organization or the operating agr	reet address of the rida limited liat the members of	he reginated in the limited in the l	stered offic impany, it i iited liabili	e and the busing is hereby confir ty company or a	ess office	of the i	registere nge(s)
Signature of	a member or authorized representative of	a member			Printed or typed	name of sig	nce	
provisións o he obligatio d'merely rej	cept the appointment as registered f all statutes relative to the proper ons of my position as registered ag flect a change in the registered off riting of this change.	agent and agre and complete p ent as provided ice address, I he	e to act erform for in (ereby c	in this cap ance of my Chapter 60, onfirm that	pacity. I furthen duties, and I a 5, F.S. Or, if the the limited lian	r agree to m familian iis docum bility com	comply with a ent is be pany ha	with the nd accepting filed is been

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

Signature of Registered Agent