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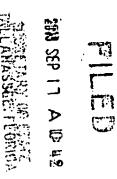
(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
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COVER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

TO:	Registration Section Division of Corporations							
SUBJI	8267 MIAMI LLC							
		e of Limited L	iability Company					
Dear S	ir or Madam:							
The en	iclosed Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.					
Please	return all correspondence concerning thi	is matter to the	following:					
Nicho	olas Porras							
	Name of Person							
Law (Offices of Nicholas M. Porras							
	Firm/Company							
199 E	East Flagler St. #147							
	Address		_					
Miam	ii, FL 33131							
	City/State and Zip Code							
nporr	as@gmail.com							
- E	E-mail address: (to be used for future ann	ual report notif	fication)					
For fur	rther information concerning this matter.	please call:						
Nicho	las Porras	305 at (424-9231					
	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 Di P.G	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
	Enclosed is a check for the following	iclosed is a check for the following amount:						
	□ \$25 Filing Fee	□ \$.	55 Filing Fee & Certified Copy					
INHST	8 (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. Na	ime of the limited liability company: 8267 MIAMI L	_LC					
2. (a)	8267 MIAMI LLC	(b)	8267 MI	AMI LLC			
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	N	tailing address of (Note: MAY BE		-	
	10101 COLLINS AVE PH-C		261 17th	Ave			
	Miami, FL 33154	_	San Fran	icisco, CA 9	4121		
	05/11/2018		i 180	00117	07	7	
3.	Date of filing/registration in Florida	4.		Document nur	nber		
5. (a)	8267 MIAMI LLC						
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:	:			
	SG REGISTERED AGENT LLC						
(b)	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)					
	200 E. PALMETTO PARK RD., STE 103						
	BOCA RATON , FL	33432					
	8267 MIAMI LLC				产品	ARIA SEP	-1 1
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:		30 m	4	
	NICHOLAS M. PORRAS				200 C	, L1	
	NEW Registered Office Address:				0.40	>	
	250 NW 23RD ST. 3407					हैं में	
	MIAMI	33127					
10.1							
the cha agent v was/wo	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	f the regist ability cor of the limit	ered office npany, it is ed liability	and the busine hereby confirm company or a	ess offi med tha	ce of that the c	ne registered hange(s)
,		Jane	Knop, M	lanager			
Signa	ture of a member or authorized representative of a member			Printed or typed	name of	signee	
provisi the obl to mere	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I dim writing of this change.	nertorna.	nce of my a	luties and Lan	n famil	iar with	and accent
Signatu	re of Registered Agent						