

L18 000 134559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

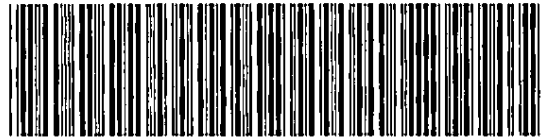
(Business Entity Name)

(Document Number)

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J. J. EGGETT  
JUL 10 2018

18 JUL -5 1003 PM 119

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Miami Global Relocations  
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:

Kathy Longmire  
Name of Person

Miami Global Relocations  
Firm/Company

900 Biscayne Blvd.  
Address

Miami 33132  
City/State and Zip Code

Kat. Longmire @ dol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Longmire at (305) 342.3293  
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

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**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.

1. Name of the limited liability company: Miami Global Relocations

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
900 Biscayne Blvd 900 Biscayne Blvd  
Miami, FL 33132 Miami, FL 33132  
5/30/2018 L18000134559

3. \_\_\_\_\_ 4. \_\_\_\_\_  
Date of filing/registration in Florida Document number

5. (a) Kathy Longmire  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
900 Biscayne Blvd  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Miami, FL 33132

(b) Kathy Longmire  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

900 Biscayne Blvd  
NEW Registered Office Address:

Miami, FL 33132

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Kathy Longmire  
Signature of a member or authorized representative of a member

KATHY LONGMIRE  
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.

Kathy Longmire  
Signature of Registered Agent

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