

48000141872

(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:

Office Use Only



800314731118

FILED

JUN 22 A 10:05

FILED

06/22/18 Q

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MADMAX HOUSE LLC

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:

John Ainsworth

Name of Person

Ainsworth & Clancy, PLLC

Firm/Company

1111 Brickell Ave., 11th Floor

Address

Miami, Florida 33131

City/State and Zip Code

info@business-esq.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Ainsworth

305

600-3816

at (_____) _____

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

2019 JUN 22 AM 10:45

FILED

**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.

MADMAX HOUSE LLC

| | |
|--|---|
| 1. Name of the limited liability company: _____ | |
| 2. (a) <u>225 COLLINS AVENUE</u> | (b) <u>1101 Brickell Ave.</u> |
| Principal office address of limited liability company: | Mailing address of limited liability company: |
| (Note: <u>MUST BE STREET ADDRESS</u>) | (Note: <u>MAY BE POST OFFICE BOX</u>) |
| <u>APT. 6K</u> | <u>#310747</u> |
| <u>MIAMI BEACH, FL 33139</u> | <u>Miami, FL 33131</u> |
| <u>06/07/2018</u> | <u>L18000141872</u> |

| | |
|---|--|
| 3. <u>06/07/2018</u> Date of filing/registration in Florida | 4. <u>L18000141872</u> Document number |
|---|--|

5. (a) CAMERANO, DANIELA

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

225 COLLINS AVENUE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

APT. 6K

Miami Beach 33139
_____, FL _____

Ainsworth & Clancy, PLLC

(b)

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1111 Brickell Ave.

NEW Registered Office Address:

11th Floor

Miami 33139
_____, FL _____

FILED
2018 JUN 22 AM 10:47

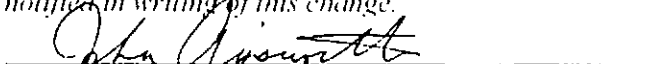
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.


Signature of a member or authorized representative of a member

Daniela Camerano - MGR

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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00