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(Document Number)		
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COVER LETTER

Division of Corporations			
SUBJECT: Mi Ka3a 10. Name of Limited Liability Company			
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:			
Stacy Bejarano Name of Person			
Intl. Senice pearty 11C. Firm/Company			
7950 NW 531957 Suite 337 Address			
MIUMI. Pl 33166. City/State and Zip Code			
Hat @ Inthsewicercaty com Chail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Stay Bejarand at (305), 340.0101. 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			

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.

1. Name of the limited liability company:	L IIC
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)
7950 NW 53595T Suite 337	1717 N. Bayshore Dr.# 1556
- ^	
Doral, F1 33166	Miami, #1 33132
07/06/2018	L 18000143528.
3. Date of filing/registration in Florida	4. Document number
5. (a) Intl. Service Realty 110	
Registered Agent and Registered Office shown on the records of th	e Florida Dept, of State;
Registered Office Address (MUST BE FLORIDA STREET AI	DDRESS)
7950 NW 537957 Sule 33	
MIGMI ,FL	33166 ZE 28
(b) Pedro. T. Valdivieso.	
Enter name of NEW Registered Agent and/or NEW Registered (Office address:
1212 11 2 11 21 +1	SE PA IN
1717 N. Bayshore Dr. + 1.	556 PH 6: 42
NEW Registered Office Address:	42 42
Miami # 33132.	
, FL_	
If the limited liability company is not organized under the laws the change or changes are made, the Florida street address of t	
agent will be identical. Or, in the case of a Florida limited liab	pility company, it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the li	the limited liability company or as otherwise provided in imited liability company.
aled (X)-	Stay Belarano Vrinted or typed name of signee
Signature of a member or authorized representative of a member	rinted or typed name of signee
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p	e to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept
provisions of all statutes relative to the proper and complete p the obligations of my position as registered agent as provided to marchy reflect a change in the registered office address. I ha	főr in Chaptér 605, F.S. Or, if this document is being filéd ereby confirm that the limited liability company has been
no (fied in) writing of this change.	
Signature of Registered Agent	