## 118000169363

(Requestor's Name)					
(Address)					
(Address)					
(Cit	ry/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
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## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporations			
Marina Palms 1508 LLC SUBJECT:			
	ne of Limited L	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	fice Change and	fee(s) are submitted for filing	
Please return all correspondence concerning th	is matter to the	following:	
Alegre Sasson Chebi			
Name of Person		<del></del>	
Firm/Company		<u> </u>	
19300 W Dixie Hwy 7			20 <b>20</b>
Address			ZIII NOV 19
Aventura, FL 33180			apart/m
City/State and Zip Code		<del></del>	2 PR 1
accounting@yafferealtyusa.com			
E-mail address: (to be used for future and	nual report noti	fication)	1>
For further information concerning this matter.	, please call:		
Alfredo Yaffe	786	916-2614	
Name of Person	ar (	Area Code & Daytime Teler	phone Number
Registration Section R Division of Corporations D Clifton Building P		AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 dlahassee, Florida 32314	
Enclosed is a check for the following	amount:		
□ \$25 Filing Fee	<b>□</b> \$	55 Filing Fee & Certified Copy	<i>;</i>

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH 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	une of the limited liability company: Marina Palms	s 1508	LLC	
2. (a)	19300 W Dixie Hwy 7	(b) 19300 W Dixie Hwy 7		
(···)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	\		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Aventura, FL 33180		Aventur	ra, FL 33180
	July 13, 2018		L180001	69363
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Alegri Sasson Chebi			
	Registered Agent and Registered Office shown on the records of  Registered Office Address (MUST BE FLORIDA STREET)		, 	_
	19300 W Dixie Hwy 7			
	Aventura , FL	33180	i <u></u>	
(h)	Alegre Sasson Chebi			(Sa) 6
	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	<u>ldress</u> :	PH 1: 2:
	NEW Registered Office Address:			
		<del></del>		_
	, FL	·		_
he cha igent w vas/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited his are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regi ability cof the lin limited	stered offic ompany, it i nited liabilit liability cor	e and the business office of the registere is hereby confirmed that the change(s) ty company or as otherwise provided in npany.
 ngnat	are of a member or authorized representative of a member	Ale	gre Sasso	Printed or typed name of signee
herek rovisio he obli o mere	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. It is writing of this change.	nertorn	ance of my	pacity. I further agree to conn
Signatur	e of Registered Agent/			
	Division of Corporations P.O. I	3ox 632°	7● Tallaha	ssee FI 32314

**FILING FEE: \$25.00**