# 118000177053

| (Requestor's Name)                      |                        |  |  |
|---|------------------------|--|--|
|   |                        |  |  |
| (Ad                                     | idress)                |  |  |
|   |                        |  |  |
| (Address)                               |                        |  |  |
|   |                        |  |  |
| (City/State/Zip/Phone #)                |                        |  |  |
| _                                       |                        |  |  |
| PICK-UP                                 | WAIT MAIL              |  |  |
|   |                        |  |  |
| (Bu                                     | usiness Entity Name)   |  |  |
|   |                        |  |  |
| (Document Number)                       |                        |  |  |
|   |                        |  |  |
| Certified Copies                        | Certificates of Status |  |  |
|   |                        |  |  |
|   |                        |  |  |
| Special Instructions to Filing Officer: |                        |  |  |
| Q. SILAS                                |                        |  |  |
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## FLORIDA DEPARTMENT OF STATE Division of Corporations ELSE JARY OF STATE TALLAHASSEE, FL

December 2, 2021

DIEGO HURTADO 411 WALNUT STREET, #18510 GREEN COVE SPRINGS, FL 32043

SUBJECT: NAVIO PROPERTY MANAGEMENT LLC

Ref. Number: L18000177053

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

Please return your document, along with a copy of this letter, within 60-days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 021A00028929

#### **COVER LETTER**

Registration Section Division of Corporations

🖺 \$25 Filing Fee

INHS18 (2/14)

TO:

| SUBJECT: Navio Property Management LLC Name of Limited Liability Company                    |   |  |  |  |  |
|---|---|--|--|--|--|
| Name of Limited Li  | ability 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:                   |   |  |  |  |  |
|   |   |  |  |  |  |
| DIEGO HURTADO Name of Person  |   |  |  |  |  |
| ,   |   |  |  |  |  |
| Navio Property Management LLC Firm/Company  |   |  |  |  |  |
|   |   |  |  |  |  |
| 720 COLLINS AVE (APT #402)  |   |  |  |  |  |
| Address   |   |  |  |  |  |
| MIAMI BEACH, FL 33139   |   |  |  |  |  |
| City/State and Zip Code   |   |  |  |  |  |
| diegohurtado 10 ginail.com  |   |  |  |  |  |
| E-mail address: (to be used for future annual report notification)                          |   |  |  |  |  |
| For further information concerning this matter, please call:                                |   |  |  |  |  |
| DIE 60 HURTADO a1 258, 337.8718   |   |  |  |  |  |
| Name of Person  | Area Code & Daytime Telephone Number                      |  |  |  |  |
| Mailing Address:  | Street Address:   |  |  |  |  |
| Registration Section  | Registration Section                                      |  |  |  |  |
| Division of Corporations  | Division of Corporations                                  |  |  |  |  |
| P.O. Box 6327   | The Centre of Tallahassee                                 |  |  |  |  |
| Tallahassee, FL 32314   | 2415 N. Monroe Street, Suite 810<br>Tallahassee, FL 32303 |  |  |  |  |
|   |   |  |  |  |  |
| Enclosed is a check for the following amount:   |   |  |  |  |  |

☐ \$55 Filing Fee & Certified Copy

### 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. N   | ame of the limited liability company: Navia Property  | Monagement LLC  |  |  |
|--|---|---|--|--|
| 2. (a)   | :   |   |  |  |
|  | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)  |  |  |
|  | 411 habout stept # 13510  | 5anc  |  |  |
|  | Green Cove Springs, FL 32043  |   |  |  |
|  | 07/23/12  | 000177053   |  |  |
| 3.   | Date of filing/registration in Florida 4.   | Document number   |  |  |
| 5. (a)   | DIEGO HURTAPO   | _   |  |  |
| Registered Agent and Registered Office shown on the records of the Florida Dept. of State: |   |   |  |  |
|  | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  | _   |  |  |
|  |   | )   |  |  |
|  | 720 COLLINS AVE (APT #4102) MIAMI BEACH .FL 33139   | 202<br>772<br>773   |  |  |
|  |   | P 2 JA  |  |  |
| (b)  | DIEGO HURTADO   |   |  |  |
|  | Enter name of NEW Registered Agent and/or NEW Registered Office address:  | 700   |  |  |
|  |   | AMIL: 05  |  |  |
|  | NEW Registered Office Address:  |   |  |  |
|  | 411 WALNUT ST #18510  | - · · · · · · · · · · · · · · · · · · ·   |  |  |
|  | Green Cove Springs FL 32043-  | 3443  |  |  |
| change<br>agent v<br>was/w   | imited liability company is not organized under the laws of the State of Floror changes are made, the Florida street address of the registered office an will be identical. Or, in the case of a Florida limited liability company, it is ere authorized by an affirmative vote of the members of the limited liability cles of organization, or the operating agreement of the limited liability con | orida, it is hereby confirmed that after the d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany. |  |  |
|  | <u>A</u>  | Frinted or typed name of signee   |  |  |
|  | /   |   |  |  |
| provis.<br>the obi<br>to mer   | by accept the appointment as registered agent and agree to act in this cape ons of all statutes relative to the proper and complete performance of my igations of my position as registered agent as provided for in Chapter 605 ely reflect a change in the registered office address, I hereby confirm that if in writing of this change.   | duties, and I am familiar with and accept   |  |  |
| Signati  | re of Registered Agent  |   |  |  |
|  | Division of Corporations P.O. Box 6327 Tallahas   | ssee, FL 32314  |  |  |