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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , , , , , , , , , , , , , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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S. YOUNG

18 OCT 15 PN 6:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations	•	
SUBJECT: El Parador LLC	e of Limited Liability Company	
Ivame	e of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Carlos Ruiz		
Name of Person		
El Parador LLC	·	5
Firm/Company		CRE S
14744 Sw 56 St		ASSE ASSE
Address		mig mji 🛂 i
Miami FL 33185		PN 6: 56 OF STATE
City/State and Zip Code	·	≽ o
elparador147@gmail.com		
E-mail address: (to be used for future annu	ual report notification)	
For further information concerning this matter, p	please call:	
Carlos Ruiz	786 5660321	
Name of Person	Area Code & Daytime Telephone N	umber
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 a	amount:	
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOLIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compasubmits the following statement in order to change its registered office or registered agent, or both, in the State Florida

) (a)	Tame of the limited liability company: El Parad		
s. (a)	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	14744 Sw 56th St	14744	Sw 56th St
	Miami, FI 33185	Miami	, FL 33185
	8/30/2018	L18000	0208522
3.	Date of filing/registration in Florida	4.	Document number
5. (a)		
	Registered Agent and Registered Office shown on the reco	ords of the Fiorida Dept. of S	State: SECRE
	Registered Office Address (MUST BE FLORIDA STR	REET ADDRESS)	HAS
	2199 Ponce de Leon Boulevard Suite 3	301	I 15 P
	Coral Gables	, FL 33134	
(1-)			6: 56 LORIDA
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>	istered Office address:	_
	Carlos Ruiz		
	NEW Registered Office Address:		
	14744 Sw 56th St		
	Miami	FL_33185	
he ch igent was/w	limited liability company is not organized under to ange or changes are made, the Florida street addressed by its beidentical. Or, in the case of a Florida limit were authorized by an affirmative vote of the mem ticles of organization or the operating agreement of the operating agreement.	he laws of the State of ess of the registered of ted liability company, bers of the limited liab	fice and the business office of the registe it is hereby confirmed that the change(s) ility company or as otherwise provided in
/ ,	hture of a member or authorized representative of a member	Carlos Rui	
			Printed or typed name of signed

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

Signature of Registered Agent