118000223711

(Requestor's Name)
(Address)

(Address)
(City/State/Zip/Phone #)
(61), 616.612.41.
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 17, 2019

JOSKO RADNIC 915 NW 1ST AVE, STE 2610 MIAMI, FL 33136

SUBJECT: DOLCE AZUL YACHTING LLC

Ref. Number: L18000223711

We have received your document for DOLCE AZUL YACHTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 719A00001411

COVER LETTER

TO:	Registration Section Division of Corporations	,		
SUBJI	Dolce Azul Yachting LLC			
Name of Limited Liability Company				
Dear S	ir or Madam:			
The en	aclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.		
Please	return all correspondence concerning this i	matter to the following:		
Josko	o Radnic			
	Name of Person			
Dolce	e Azul Yachting LLC			
	Firm/Company			
915 N	NW 1st Ave suite 2610			
	Address			
Miam	ni/Florida 33136			
	City/State and Zip Code			
	dolceazulyachting.com			
F	-mail address: (to be used for future annua	Treport notification)		
For fur	ther information concerning this matter, pl	ease call:		
Josko	Radnic	929-224-6713		
	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 an	nount:		
	☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		
INHST	8 (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.

Name of the limited liability company: Dolce Azul Ya	achting LLC	
915 NW 1st Ave suite 2610, Miami FL33136	(b) 915 NW 1st Ave # 2610, Mia	mi FL33136
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liabi (Note: MAY BE POST OFF	ity company:
Date of filing/registration in Florida	4. Document number	
Registered Agent and Registered Office shown on the records of the state of the sta	ON AGENTS, INC. 43302	
Registered Agent and Registered Office shown on the records of t	the Florida Dept. of State:	
Registered Office Address (MUST BE FLORIDA STREET A		\$6/2
regimenta (metrodiesi <u>integripo i Boniza de Inte</u>	<u></u>	,
915 NW 1st Ave suite 2610, Miami , FL. JOSKO RADOVIC 915 NW /M	33136 16 FZ 19iH2610 3 3134 CE	i
Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
Josko Radnic	FEB -4 HETARY MHASSE	<u> </u>
NEW Registered Office Address:	AN IO 2 DE STATE E. FLORIDA	ED
915 NW 1st Ave suite 2610, Miami FL_	33136	
limited liability company is not organized under the law hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members o	the registered office and the business office of ability company, it is hereby confirmed that the f the limited liability company or as otherwis	of the registere re change(s)
rticles of organization or the operating agreement of the	• • •	
nature of a member or authorized representative of a member	Bruno Reljic Printed or typed name of sign	<u> </u>
reby accept the appointment as registered agent and agra isions of all statutes relative to the proper and complete bligations of my position as registered agent as provided erely reflect a change in the registered office address. I k ited in writing of this change.	ee to act in this capacity. I further agree to c performance of my duties, and I am familiar	omply with the

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

INHS18 (2/14)

Signature of Registered Agent