L18000223811

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(Address)		
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COVER LETTER

Division of Corporations			
SUBJECT: 12 7/25 Proper-	m llc		
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:		
Maria Enrique Name of Person			
12 7125 Property Firm/Company			
Allo Sw 134 CT Address			
Miami F1 33183 City/State and Zip Code	<u> </u>		
Mady Fernandeze hormail.	COM		
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:	. ,		
Name of Person	Nea Code & Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amount:			

☐ \$55 Filing Fee & Certified Copy

SELANTIARY OF STATE INTELEMENT OF CORPORATION 20 AUG 13 AM 11: 03

INHS18 (2/14)

\$25 Filing Fee

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: \\ \R \ \R \ \R \ \\ \R \ \\ \R \ \\ \R \ \\ \	roperty LLC
2. (a)	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7125 SW 134 CT	JISZ SM BACL
	Miami F1 33183	Miami F1 33183
	09/21/2018	L18000223811
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida D	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	7125 SW 134 CT	
	Miami .FL 33	20 AUG
(b)	Maria T Enrique	
. ,	Enter name of NEW Registered Agent and/or NEW Registered Office address	<u>rss</u> : 공국은
		AM II: 03
	NEW Registered Office Address:	AIL O3
	7125 SW 124 CT	
	<u> Miami</u> .FL 331	7 }
change agent v was/we the arti	imited liability company is not organized under the laws of the St or changes are made, the Florida street address of the registered will be identical. Or, in the case of a Florida limited liability compare authorized by an affirmative vote of the members of the limite cles of organization or the operating agreement of the limited liab	office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in bility company.
	ture of a member or authorized representative of a member	Printed or typed name of signee
I here, provisi the obl to mero notifie	by accept the appointment as registered agent and agree to act in ons of all statutes relative to the proper and complete performancigations of my position as registered agent as provided for in Charlet reflect of change in the registered office address. I hereby confirm writing of this change.	this canacity. I further currents comply with the
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