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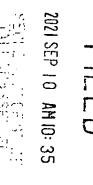
(Requestor's Name)							
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## COVER LETTER

TO: Registration Section Division of Corporations	
STUDIO PINECREST LLC SUBJECT:	
<del></del>	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
JORGE BETANCOURT	
Name of Person	
STUDIO PINECREST LLC	
Firm/Company	
8950 SW 74TH COURT STE 2201-G4	
Address	<del></del>
MAIMI FL 33156	
City/State and Zip Code	<del></del>
JORGE.BETANCOURT@GMAIL.COM	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	call:
JORGE BETANCOURT 3	3184491
Name of Person	Area 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 amoun	t:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (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.

l.	Na	me of the limited liability company: STUDIO PINI	ECREST	LL	.C		<del> </del>				. <u> </u>
2 (	(ล)			Œ	2)						
,	()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		( '	~ <i>)</i>		Mailing addres	ss of limited li <i>Y BE POST G</i>	ability <i>FFI</i> (	y com	pany: <i>DX</i> )
		8950 SW 74TH COURT STE 2201-G4			89	950 SW	74TH COUR	RT STE 2201-	-G4		
		MIAMI FL 33156			M	IIAMI F	L 33156				
		10/05/2018			LI	8000236	195				
3.		Date of filing/registration in Florida	4.				Document	number		<u>.                                    </u>	
5.	(a)										
J.	(4)	Registered Agent and Registered Office shown on the records	of the Flo	rida	a De	pt. of Stat	te:				
		LANDA-POSADA P.A.									
		Registered Office Address (MUST BE FLORIDA STREE	ETADDR	ESS	<u>s)</u>		_				
		6080 SW 40 ST. 4						ر. آرائيس	י ו די	2021	
		MIAMI	FL	5			<b>-</b>		•	2021 SEP	<u> </u>
										0	<u>;                                    </u>
(	b)	Enter name of NEW Registered Agent and/or NEW Registe					_	ည်း <u>က</u>		<b></b>	П
		Enter name of NEW Registered Agent and/or NEW Registe	red Office	ad	dre	<u>is</u> :		-		AM 10:	
		JORGE BETANCOURT						;···	 ·:	ဋ္ဌ	e.
		NEW Registered Office Address:					_				Q)
		8950 SW 74TH COURT STE 2201-G4					_				
		MIAMI	FL3315	6							
10.1	,.						- 		_		
char ager was	nge nt w /we	mited liability company is not organized under the or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the member of the operating agreement of the member of the operating agreement of t	he regist liability is of the he limite	co limed l	ed o impa itec iabi	ffice an any, it is Hiabilit lity con	nd the busine is hereby con ty company on pany.	ess office of offirmed that	the t	egist chan	ered ge(s)
Si	enat	ure of a member or authorized representative of a member	_	<u></u>	Cit	BETAN	Printed or two	ped name of si	Ones		<del></del>
I he prov the c to m noti	ereb visio obli iere fied	by accept the appointment as registered agent and a cons of all statutes relative to the proper and comple gations of my position as registered agent as providive reflect a change in the registered office address, I in writing of this change.	igree to te perfoi ded for i I hereby	act rma n C	in i ance Thay onfi	this cap e of my o oter 605 rm that	acitv. I furth	her avree to	con	iply v h and s bei v has	vith the d accept ng filed heen