118000244877

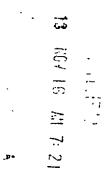
(Requestor's Name)						
(Address)						
(Address)						
(Cit	ty/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Na	me)				
(Document Number)						
Certified Copies	Certificate	s of Status				
Special Instructions to Filing Officer:						
	 					

Office Use Only



400320778244

11/16/18-101011--009 **25.00



O SIMMONS NOV 3 0 2018

COVER LETTER

	Registration Section Division of Corporations					
SUBJE	i53 Agency LLC					
30202		of Limited Liab	ility Company			
Dear Si	r or Madam:					
The enc	losed Registered Agent/Registered Office	e Change and fe	e(s) are submitted for filing.			
Please r	eturn all correspondence concerning this	matter to the fol	lowing:			
Maria	Augusta Calmon da Matta Machad	lo Penido				
	Name of Person					
i53 Ag	ency LLC					
	Firm/Company					
19638	East Country Club Drive					
	Address					
Aventu	ura, Florida, 33180					
	City/State and Zip Code					
comme	ercial@i53agency.com					
E-1	mail address: (to be used for future annua	il report notifica	tion)			
For furth	her information concerning this matter, pl	lease call:				
Maria /	Augusta Penido	305 at (5106867			
	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	Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 nassee, Florida 32314			
	Enclosed is a check for the following amount:					
,	■ \$25 Filing Fee	□ \$551	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.

1.	Na	me of the limited liability company: i53 Agency L	LC		
			C)	, 19638 Ea	st Country Club Drive
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(M	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		19638 East Country Club Drive		19638 Ea	st Country Club Drive
		Aventura, Florida. 33180	_	Aventura,	Florida. 33180
		October 18, 2018		L18000244	1 877
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of State:	్ లే
		LUCAS PENIDO			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 19638 EAST COUNTRY CLUB DRIVE				16
		AVENTURA	33180		量、
		, FL			7: 2
	(b)				#1j
		nter name of NEW Registered Agent and/or NEW Registered Office address:			
		MARIA AUGUSTA CALMON DA MATTA M	ACHAE	O PENID	
		NEW Registered Office Address:		 	
		19638 EAST COUNTRY CLUB DRIVE			
		Aventura, Miami , FL	33180		
the age	cha ent v	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the pase of a Florida limited little authorized by an affirmative vote of the members of the organization of the operating agreement of the	f the regis	stered office a	and the business office of the registered
	_		Luc	as Penido	
11		are of a member of authorized representative of a member			Printed or typed name of signee
pro the to t	ovisi obli nere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I I in writing of this change.	ree to act perform d for in (hereby co	in this capac ance of my di Chapter 605, onfirm that th	ity. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been
_		e of Registered Agent			