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	_	
(I	Requestor's Name)	
()	Address)	
·	Address)	
(i	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
((Business Entity Name)	
·		
(i	Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Filing Officer:	
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SECRETARY OF STATE
TALL/ W/SSET/FLORIDA

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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations	
999 SE Advisors LLC SUBJECT:	
Nai	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to the following:
- 	-
Fernando Pardo	
Name of Person	
999 SE Advisors LLC	
Firm/Company	
999 Brickell Ave, Suite 560	
Address	
Miami, Florida 33131	
City/State and Zip Code	
fernandopardo@bellsouth.net	
E-mail address: (to be used for future and	nual report notification)
For further information concerning this matter	r, please call:
Fernando Pardo	305 4915908
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	g amount:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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

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

2. (a) 999 Brickell Ave, Suite 560		((b) 999 Brickell Ave, Suite 560		
(41)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\		Mailing address of limited liability compared to the MAY BE POST OFFICE BO.	
	Miami, Florida 33131		Miami	, Florida 33131	
	10/31/2018		L18000	0255789	
3.	Date of filing/registration in Florida	— 4.		Document number	
5. (a)					
. (,	Registered Agent and Registered Office shown on the records of UNITED STATES CORPORATION AGEN	of the Floric	•	State:	
	Registered Office Address (MUST BE FLORIDA STREE 13302 WINDING OAK COURT	T ADDRES	<u>S)</u>	<u> </u>	
	Tampa	33612)	75	
	,	. 12		900	
(b)	IN CASPANIA CONTRACTOR OF STANDARD CONTRACTOR	1 4 > 0.0			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office a	<u>agress</u> :	ي الم	
				no 🚍	
	Fernando Pardo				
	Fernando Pardo NEW Registered Office Address:				
				TALL -3 MILO: STATE AND A	
	NEW Registered Office Address: 3245 NE 184th St. Apt 13407	-L_33160)	Or STATE	
the cha agent v was/we	NEW Registered Office Address: 3245 NE 184th St. Apt 13407	aws of the of the reg liability c s of the firms of the f	e State of istered of ompany, nited liab liability o	Florida, it is hereby confirmed that fice and the business office of the re it is hereby confirmed that the chan ility company or as otherwise provicompany.	
the cha agent v was/we the arti	NEW Registered Office Address: 3245 NE 184th St. Apt 13407 Aventura imited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members coles of organization or the operating agreement of the case of a greenent of the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the operating agreement	aws of the of the reg liability c s of the firms of the f	e State of istered of company, nited liab	Florida, it is hereby confirmed that fice and the business office of the reit is hereby confirmed that the chanility company or as otherwise provicompany. Pardo	
the cha agent v was/we the arti Signa I hereo provisi the obl to mere	NEW Registered Office Address: 3245 NE 184th St. Apt 13407 Aventura imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members	aws of the of the reg liability c s of the limited Fe	e State of istered of company, nited liab liab liab rnando con in this contact of in Chapter of the contact of	Florida, it is hereby confirmed that fice and the business office of the reit is hereby confirmed that the chan ility company or as otherwise provicompany. Pardo Printed or typed name of signee rapacity. I further agree to comply my duties, and I am familiar with an 505, F.S. Or, if this document is be	