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(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Certified Copies Certificates of Status					
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SECRETARY OF CHAIR
SECRETARY OF CHAIR
AND OLL 29 PH 2: 49

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COVER LETTER

TO: Registration Section

Divi	sion of Corporations					
SUBJECT:	Update Registered Agent					
Sobster.	Name of Limited Liability Company					
Dear Sir or N	Madam:					
The enclosed	d Registered Agent/Registered Off	ice Change and f	ee(s) are submitted for filing.			
Please return	nall correspondence concerning th	is matter to the fo	ollowing:			
Miguel A.	Morales					
	Name of Person		_			
MAC ICOI	NBRICKELL, LLC					
	Firm/Company		_			
495 Bricke	ell Avenue #2301					
	Address	-	_			
Miami, FL	33131					
	City/State and Zip Code		<u></u>			
=	rales@MacComputerConsult	•				
E-mail	address: (to be used for future ann	ual report notific	ration)			
For further in	nformation concerning this matter,	please call:				
Miguel A. I	Morales	786	202-8116			
	Name of Person		Area Code & Daytime Telephone Number			
Regi Divis Clift 2661	SEET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	Regi Divi P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Encl	Enclosed is a check for the following amount:					
12 \$2	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.

i. Na	me of the limited liability company: MAC ICONBI	RICKELL, LLC		
2. (a)	495 Brickell Avenue	ckell Avenue		
z. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) 493 Bit	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Apt 2301	Apt 230	1	
	Miami, FL 33131	Miami, FL 33131		
	12/12/2018	L180002	285479	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	WINKER, DAVID J			
J. (d)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Stat	- e:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	- 7. 2	
	2222 SW 17TH ST		- 466	
	CORAL GABLES . FI	33145	FILI 2019 0CT 29 TALL PRINTS	
(b)	Miguel A. Morales Enter name of NEW Registered Agent and/or NEW Registered MAC Icon Brickell	1 Office address:	FILED PH 2: 49	
	NEW Registered Office Address:		_	
	495 Brickell Avenue #2301		_	
	Miami , FI	_33131	_	
the cha agent vivas/we the arti Signa I here, provisi the obli to mero	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and ag- ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change.	f the registered officiability company, it is of the limited liability community community community and Miguel A. Morang to act in this car	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in upany. Drales Printed or typed name of signee	
Signatu	re of Registered Agent			