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(Re	equestor's Name)						
(Ac	ldress)						
(Ac	ldress)						
(City/State/Zip/Phone #)							
PICK-UP	WAIT	MAIL					
(Bu	siness Entity Nam	ne)					
(Document Number)							
Certified Copies	Certificates	of Status					
Special Instructions to	Filing Officer:						

Office Use Only

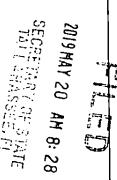


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COVER LETTER

TO:	Registration Section Division of Corporations	•		
SUBJI	ROCKS OF COLOMBIA LE	_C		
	Nai	me of Limited Liability Company		
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.		
Please	return all correspondence concerning th	nis matter to the following:		
ANDF	RES HURTADO			
	Name of Person			
	Firm/Company			
	, .			
5040 ———	NW 7H ST STE 705			
	Address			
MIAM	I, FLORIDA 33126			
	City/State and Zip Code			
INFO(@PRODEZK.COM	./		
E-	mail address: (to be used for future ann	nual report notification)		
For furt	her information concerning this matter,	. please call:		
ANDR	ES HURTADO	305 2606854		
	Name of Person	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:	MAILING ADDRESS:		
	Registration Section	Registration Section		
	Division of Corporations Clifton Building	Division of Corporations		
	2661 Executive Center Circle	P.O. Box 6327 ter Circle Tallahassee, Florida 32314		
	Tallahassee, Florida 32301	rananassee, riorida 32314		
	Enclosed is a check for the following	amount:		
	■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

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.

(a)	ame of the limited liability company: 5040 NW 7TH ST SUITE 705		BIA LLC 5040 N	W 7TH ST S	SUITE 70)5	_
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) MIAMI, FLORIDA 33126	(b	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	WIAWI, I LOIGIDA 33120	_	MIAMI,	FLORIDA 3	3126 - -		_
	01/11/2019		 L190000)12473			
	Date of filing/registration in Florida	- 4.		Document nu	 mber		
(a)	SIMANCAS ROMERO, ARNOLD RAFAEL						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 5335 NW 87TH AVE STE C- 109 #325			2019 MAY SECRET TALL A			
	DORAL FL	33178		_		AY 20	
(b)	PRODEZK INC	-		- ,	Y OF A	R	
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	<u>-</u>	STA	8: 2	
	5040 NW 7TH ST STE 705				m	28	
	NEW Registered Office Address:	<u> </u>		-			
	MIAMI	 33126	<u>.</u>	-			
nt (v	prited liability/company is not organized under the lawinge or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited liable identical by an affirmative vote of the members of cless of organization or the operating agreement of the less of organization.	s of the the registrictly contributed in the limit	ered office npany, it is red liability	and the busing shereby confirmation of the company	ess office	of the	registo
$oldsymbol{\perp}$	VIARU FO			ROMERO, A	RNOLD	RAF.	AEL
١ ١	are of a member or authorized representative of a member			Printed or typed	-		_
obli; terei	y accept the appointment as registered agent and agrees of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have the writing of this change.						
	e of Registered Agent						

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00