L19000183563

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COVER LETTER

	gistration Section ision of Corporations		
SUBJECT:	TRES OFE, LLC		
		Name of Limited I	Liability Company
Dear Sir or	Madam:		
The enclose	d Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.
Please retur	n all correspondence concerning	g this matter to the	following:
Corinne Gue	rra		
	Name of Person		
Summit Grou	up Properties		
	Firm/Company		
1390 S Dixie	: Hwy #1200		
	Address		
Coral Gables	s. FL 33146		
	City/State and Zip Coo	le	
eguerra@sur	nmitgables.com		
E-mai	l address: (to be used for future	annual report noti	fication)
For further i	information concerning this mat	ter, please call;	
Corinne Gue	тта	786 at (621-5226
	Name of Person	, ,	Area Code & Daytime Telephone Number
Reg Div P.O	iling Address: gistration Section rision of Corporations D. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	closed is a check for the follow	ing amount:	
X (s	25 Filing Fee	□ s	555 Filing Fee & Certified Copy
INHS18 (2/1-	4)		

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. N	ame of the limited liability company: TRES OFE, LLC					
2. (a)	1390 S. DIXIE HWY., STE, 1200		(b) 1390 S. DIXIE HWY., STE, 1200			
- . ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	CORAL GABLES, FL 33146		CORAL G	ABLES, FL 33146		
	07/29/2019		L190001835	63		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	ARAZOZA & FERNANDEZ-FRAGA P.A.					
ν (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 2100 SALZEDO ST., STE, 300					
	Registered Office Address (MUST BE FLORIDA STREET	2020 HAR -4				
	Coral Gables, F	L33134				
(b)	Corinne Guerra	3 3				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :					
	1390 S. DIXIE HWY., STE, 1200					
	NEW Registered Office Address:					
	Coral Gables	. 33146				
	, F	L	· - ·			
change agent v was/w	limited liability company is not organized under the la e or changes are made, the Florida street address of the 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	e registe lability of the l c limited	ered office and company, it is imited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
Signa	ture of a member or authorized representative of a member	_		Printed or typed name of signee		
provis. the ob to mer	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 writinglof this change.	ree to a perfor ed for in hereby	ct in this capa mance of my a 1 Chapter 605, confirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been		
Signati	ire of Registered Agent					