L19000200432

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Eiling Officer						
Special Instructions to Filing Officer:						

Office Use Only



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TALLAHASSEE, FL

COVER LETTER

	Registration Section Division of Corporations		
SUBJE	MAFRIS YOTEL 2005 LLC		
0000		ame of Limited Lial	pility Company
Dear Sir	or Madam:		
The enc	losed Registered Agent/Registered C	Office Change and fe	ec(s) are submitted for filing.
Please re	eturn all correspondence concerning	this matter to the fo	llowing:
LOVET	TE DOBSON		
	Name of Person		_
INCFILE	E.COM LLC		
	Firm/Company		_
17350 S	TATE HWY 249 STE 220		
	Address		_
HOUST	ON, TX 77064		
	City/State and Zip Code	:	-
EFILE12	234@INCFILE.COM		
E-1	mail address: (to be used for future a	nnual report notifica	ation)
For furth	ner information concerning this matte	er, please call:	
LOVET	TE DOBSON	888 at (462-3453
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
'	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following	ng amount:	
■ \$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.

1. N	ame of the limited liability company: MAFRIS YOTEL	2003 L		, 		
2. (a)			(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	` ′		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	1200 BRICKELL AVE STE 800			1200 BRIO	CKELL AVE STE 800	
	MIAMI, FL 33131	_		MIAMI, F	L 33131	
	08/06/2019		I	.190002004	132	
3.	Date of filing/registration in Florida	4.	-	·	Document number	
5. (a)						
()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: FINANZ BUTK MANAGEMENT LLC					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2020 S		
	1200 BRICKELL AVE STE 800					
	MIAMI , FL	33131			2020 SEP 21	
	7				C)	
(b)						
	(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	JORGE BAUER			17] 10		
	NEW Registered Office Address:				-	
	1200 BRICKELL AVE STE 800				_	
	MIAMI, FL	33131	_			
agent v was/we the arti Signat I herel provisit the obre notified	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability of a member or authorized representative of a member on a member of a	register pility c the lir imited FR	red on nit lia	office and pany, it is ed liability bility com	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. ALONSO OLIVARES - MANAGER Printed or typed name of signee	