

L19000248729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

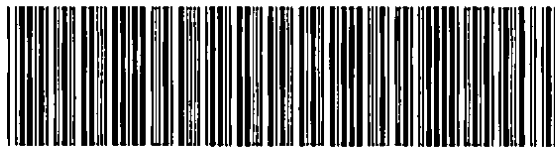
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

LA can't be business entity name

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MAR 25 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 11, 2021

JUAN RAMOS  
1111 BRICKELL AVE  
STE 1550  
MIAMI, FL 33131

SUBJECT: DMRA LAW LLC  
Ref. Number: L19000248729

We have received your document for DMRA LAW LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 121A00003125

**RECEIVED**

MAR 12 2021

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DMRA Law LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Juan C. Ramos

\_\_\_\_\_  
Name of Person

DMRA Law LLC

\_\_\_\_\_  
Firm/Company

1111 Brickell Ave., Ste. 1550

\_\_\_\_\_  
Address

Miami, FL 33131

\_\_\_\_\_  
City/State and Zip Code

juan.ramos@dmralaw.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan C. Ramos

305

548-8666

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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.

1. Name of the limited liability company: DMRA Law LLC
2. (a) 1111 Brickell Ave.  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Ste. 1550  
Miami, FL 33131
- (b) 1111 Brickell Ave.  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
Ste. 1550  
Miami, FL 33131
3. 10-03-2019 Date of filing/registration in Florida
4. L19000248729 Document number
5. (a) Juan C. Ramos  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
10419 NW 82nd St.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Unit 34  
Miami, FL 33178
- (b) Juan C. Ramos  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
1111 Brickell Ave.  
NEW Registered Office Address:  
Suite 1550  
Miami, FL 33131

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Juan C. Ramos

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent