L20000050406

(Requestor's Name)									
(Address)									
·									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Daile - 5-4)									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
·									
Special Instructions to Filing Officer:									

Office Use Only



400399072544

1000

2022 20 AH 10: 37

COVER LETTER

	Registration Section Division of Corporations							
SUBJE	CT:							
	Name of Limited Liability Company							
Dear Si	r or Madam;							
The enc	losed Registered Agent/Registered	Office Change and	I fee(s) are submitted for filing.					
Please r	eturn all correspondence concerning	g this matter to the	following:					
	Name of Person							
TANIA	V. SOTELO, P.A.							
	Firm/Company		_					
4000 PC	ONCE DE LEON BLVD NO 470							
	Address		_					
CORAL	GABLES, FLORIDA 33146							
	City/State and Zip Coo	de						
TVSOT	ELO@SOTELOLAW.COM							
E-	mail address: (to be used for future	annual report noti	fication)					
For furt	her information concerning this ma	tter, please call:						
TANIA	V. SOTELO, Pres.	305 at (925-0643					
	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 follow	ing amount:						
	S25 Filing Fee	<u> </u>	S55 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.	Na	ame of the limited liability company: 1245 ANDALUS	SIA, LI	LC					
2	(a)	1600 PONCE DE LEON BOULEVARD, SUITE 1202		(b)	1600 PONG	E DE LEON	BOULEV	ARD, S	UITE 1202
	(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		Corat Gables, Florida 33134			Coral Gable	s, Florida 33	134		
		2/12/2020		Ţ	.2000005040)6			
3.		Date of filing/registration in Florida	- 4.	_	1	Jocument n	umber		
5	(a)								
~′.	(4)	Registered Agent and Registered Office shown on the records o	Tthe Flo	orida	Dept. of State:				
		TANIA V. SOTELO, P.A.							
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							
		2525 PONCE DE LEON BLVD STE 300					<u>.</u>	73 74	
		CORAL GABLES, F	3313 L	14			۰۰ ند	20	ŗ
								20 AM 10: 37	
	(b)						STATES FL	5	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	<u>d Ottie</u>	e add	ress:		골목	ယု	
		TANIA V. SOTELO, P.A.					មេ	1	
		NEW Registered Office Address:							
		4000 PONCE DE LEON BOULEVARD, SUITE 470							
		CORAL GABLES , F.	L ³³¹⁴	6					
ch ag	ange ent v	imited 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 erg/authorized by an affirmative vote of the members	ws of e regis iability	the Stereo	State of Flor l office and apany, it is l	the busines: hereby conf	s office of irmed that	the reg	istered inge(s)
th	e arti	gres of organization or the operating agreement of the	limit	ed li	ibility comp	oany.	an orner w	nac pro	vided iii
		aisie I A	_	TAN	IA V. SOTEI	LO. PRES of	TANIA V.	SOTEL	.О, РА
	Signá	ture of a member of authorized representative of a member			:	Printed or type	ed name of si	gnee	
pr the to	ovisi e obl men	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I din writing of this change.	r perfo ed för .	rmai in Cl	ice of my di lapter 605,	ities, and Le F.S. Or, it i	am familia this docum	r with a ent is b	ind accept eing filed
Si	giratu	re of Registered Agent							

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00