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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: 1834 Brickell L.L.C.  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:			
Robert J. Merilin Name of Person			
Robert J. Merlin, R.A. Firm/Company			
95 Merrich Way, Soite 420 Address			
Coral Gables FL 33134 City/State and Zlp Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Craig Merlin at (305) 9874401  Area Code & Daytime Telephone Number			
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303			

☐ \$55 Filing Fee & Certified Copy

□ \$25 Filing Fee

## 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.

I. Na	ame of the limited liability company: 1834 Brickell	LL.C
2. (a)	2942 SW 27 Ter (b)	29425W 27Ter
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miam; FL. 33133	Migmi, FL. 33133
	<u> </u>	
	June 12, 2020	L 20000 jb 2315
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Corporation Agents Inc.  Registered Agent and Registered Office shown on the records of the Florida De Server Structure Blvd  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	ept. of State:
	Suite ?6	12.1 10.0
	Oriando FL 329	3)2
(b)		
	Enter name of NEW Registered Agent and/or NEW Registered Office addre	<u>iss:</u>
	95 Merrich Way	
	NEW Registered Office Address:	
	Svite 420	
	Coral Gables FL 331	-34
change agent was/we the arti	imited liability company is not organized under the laws of the State or changes are made, the Florida street address of the registered will be identical. Or, in the case of a Florida limited liability compare authorized by an affirmative vote of the members of the limite icles of organization or the operating agreement of the limited liab	office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
	ture of a member or authorized representative of a member	Printed or typed name of signee
<del>1</del>	by accept the appointment as registered agent and agree to act in ions of all statutes relative to the proper and complete performance igations of my position as registered agent as provided for in Chaely reflect alchange in the registered office address, I hereby confidentiate of this change.	inis capacity. I further agree to comply with the e of my duties, and I am familiar with and accept opter 605, F.S. Or, if this document is being filed firm that the limited liability company has been