

L20 000 304 610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

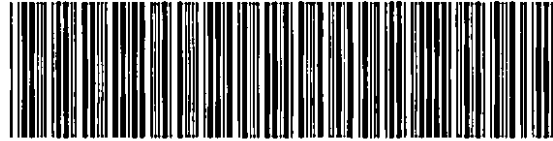
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700357905297

01/19/21--01005--018 \*\*25.00

FED  
2021 JAN 19 PM 12:48  
CLERK OF STATE  
TALLAHASSEE, FL

FEB 2 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PAXARA DEVELOPERS 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:

CHRISTIAN ROMERO

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

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

8350 NW 52nd TERRACE, SUITE 301

\_\_\_\_\_  
Address

MIAMI, FL 33166

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

CRISROMY1971@GMAIL.COM

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

For further information concerning this matter, please call:

CHRISTIAN ROMERO

at ( 305 ) 9032871

\_\_\_\_\_  
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

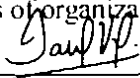
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*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: PAXARA DEVELOPERS LLC
2. (a) R.E. DEVELOPERS L.L.C  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
1110 BRICKELL AVE, SUITE 607  
MIAMI, FL 33131  
10/06/2020
- (b) R.E. DEVELOPERS L.L.C  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
1110 BRICKELL AVE, SUITE 607  
MIAMI, FL 33131  
1.20000304610
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:  
CHRISTIAN ROMERO  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
7950 NW 53RD STREET, SUITE 337  
MIAMI, FL 33166
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
CHRISTIAN ROMERO  
NEW Registered Office Address:  
8350 NW 52nd TERRACE, SUITE 301  
MIAMI, FL 33166

2021 JUN 19 PM 12:48  
DEPT. OF STATE  
CORPORATE SERVICES  
TALLAHASSEE, FL

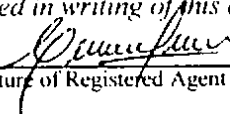
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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 of a member or authorized representative of a member

Milton Daniel Vergara

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 of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00