## L20000329070

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

Office Use Only



800354993778

11/16/20--01029--012 \*\*55.00

2000) | 13 FG FH

Halchanse

ALITICA

## **COVER LETTER**

TO: Registration Section Division of Corporations	**************************************
CCC MIAMI LLC SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
GARCIA-RIVERA, EDWIN A	
Name of Person	
CCC MIAMI LLC	
Firm/Company	<del></del>
848 BRICKELL KEY DRIVE APT 3402	
Address	<del></del>
MIAMI, FLORIDA 33131	
City/State and Zip Code	<del></del>
admin@cccmiami.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, please	e call:
EDWIN GARCIA at (	786 683-1809
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 amou	ınt:
S25 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. Na	ame of the limited liability company: CCC MIAMI LL	C		
2. (a)		(1	b)	
. ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ <del>-</del> `		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	848 BRICKELL KEY DR 3402		848 BRIC	KELL KEY DR3402
	MIAMI, FLORIDA 33131	<del></del> 	MIAMI, F	LOIDA 33131
	10/16/2020		L200003290	970
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	GARCIA-RIVERA, EDWIN A			
5. (a)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Stat	<u>-</u> e:
	GARCIA-RIVERA, EDWIN A			2825
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			<u>۔</u> 
	848 BRICKELL KEY DR 3402			
	MIAMI	33131		<del>-</del>
	, FI	- <u></u>	<u> </u>	<del>-</del> =:
(b)	GUERRA, ALBERT S			王
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	_
	GUERRA, ALBERT S			
	NEW Registered Office Address:			_
	848 BRICKELL KEY DR 3402			
			······································	_
	MIAMI	33131		
change agent was/w the art  Signa  I here	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Dean the case of a Florida limited light of authorized by affirmative vote of the members included in the operating agreement of the nure of a member or authorized representative of a member by accept the appointment as registered agent and agains of all statutes relative to the proper and complete light of a change in the registered agent as provide the profession of the proper and complete light of the change in the registered office address. I	e register ability c of the lir limited  EE  ree to ac	red office an ompany, it is nited liability cor DWIN A GAI	ad the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in impany.  RCIA RIVERA  Printed or typed name of signee tracity. I further agree to comply with the duties, and I am familiar with and accept
notifie	d'in writing of this change.  The of Registered Agent			