

KZ1 000 245188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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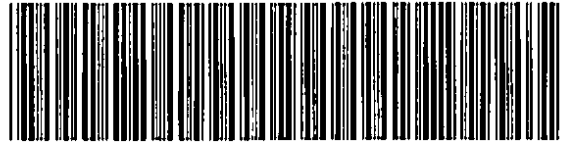
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

HOUSED MIAMI LLC

SUBJECT: _____
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:

EMILIO ARAUZ.

Name of Person

HOUSED MIAMI LLC

Firm/Company

520 BRICKELL KEY DR AP 328 C

Address

MIAMI, FL 33131

City/State and Zip Code

carauz@aphomes.org

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

For further information concerning this matter, please call:

EMILIO ARAUZ 305 9885341

Name of Person

at ()

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.

HOUSED MIAMI LLC

1. Name of the limited liability company: _____ 520 BRICKELL KEY DR # 328 C, MIAMI FL 33131	
2. (a) _____ Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>) 520 BRICKELL KEY DR # 328 C _____ MIAMI FL 33131 _____ 05/26/2021	(b) _____ Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>) 520 BRICKELL KEY DR # 328 C _____ MIAMI FL 33131 _____ 1.21000245188

3. _____ Date of filing/registration in Florida EMILIO ARAUZ - 520 BRICKELL KEY DR # 328 C, MIAMI FL 33131	4. _____ Document number
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5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
EMILIO ARAUZ - 520 BRICKELL KEY DR # 328 C, MIAMI FL 33131

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
520 BRICKELL KEY DR # 328 C

MIAMI 33131
_____, FL _____

JEANNETTE POLIT- 2050 CORAL WAY SUITE 511, MIAMI FL 33145

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

JEANNETTE POLIT

NEW Registered Office Address:
2050 CORAL WAY SUITE 511, MIAMI FL 33145

MIAMI 33145
_____, FL _____

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SECRETARY OF STATE
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

EMILIO ARAUZ

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