M 07000065244

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	*)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

DEC 1 0 2008

EXAMINER

COVER LETTER

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TO: Registration Section Division of Corporations		
SUBJECT: LatAmScience 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	g this matter to the following:	
Patrina O. Jones		
(Name of Person)	· ,	
Bell, Boyd & Lloyd LLP (Firm/Company)		
(a		
70 West Madison Street, Suite 3100	·	
(Address)		
Chicago, Illinois 60602		
(City/State and Zip Code)		
For further information concerning this mat	tter, please call:	
Patrina O. Jones	at (312) 558-5016	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the followi	ing amount:	
	☐ \$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 608.416 or 608.508, Florida Statutes, the undersigned limited liability ompany submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	i	
1. Name of the limited liability company: LatAmScie	nce LLC	•
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)	ny: 6405 NW 36th Street Suite 216	
(Note: MUST BE STREET ADDRESS)	Miami, Florida 33166	6 6
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	6405 NW 36th Street Suite 216	E1
	Miami, Florida 33166	Ð
August 27, 2007	M07000005244	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or Registered Agent:	the records of the Florida Dept. of State:	
Registered Office Address:	2332 Gallano Suite 200	•
	Coral Gables, Florida 33134	•
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address: Edmundo G. Stahl	+
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	6405 NW 36th Street Suite 216	
	Miami	
If the limited liability company is not organized under the that after the change or changes are made, the Florida streoffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.	eet address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limit	
(Signature of a member or authorized representative of a member)		
Edmundo G. Stahl, Member (Printed or typed name of signee)		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notification.	3	98, 55, 55, 55, 55, 55, 55, 55, 55, 55, 5
(Signature of Registered Agent) Edmundo G. Stahl	AH IC	" <
Division of Corporations, P.O. Bo	ox 6327, Tallahassee, FL 32314	3

FILING FEE: \$25.00