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(((H120000078573)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

Phone

; (850) 222-1092

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

LLC REGISTERED AGENT CHANGE AF SERVICES OF MIAMI, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

D. BRUCE

JAN 11 2012

EXAMINER

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Corporate Filing Menu

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COVER LETTER

TO:	Registration Section Division of Corporations				
	Division of Corporations				
SUBJ	ECT: AF SERVICES OF MIAMI, LLC	<u> </u>			
	Name o	of Limited Liability Company			
Dear :	Sir or Madam:				
The ci	nclosed Registered Agent/Registere	d Office Change and fee(s) are submitted for filing	g.		
Please	return all correspondence concerni	ng this matter to the following:			
Eufemi	o Magsombol				
	Name of Person				
AF Ser	vices, LLC			,	
	Firm/Company	· · · · · · · · · · · · · · · · · · ·			
1040 10	Manturas Au	·			
1940 E	. Mariposa Avenue Address		***		
	Acutos			~	
El Segi	ındo, CA - 90245			JAN 10	-T
	City/State and Zip Code		SSE Y	0	9
			n En	710 316	[7
E	mall address: (to be used for future annual repe	rt notification)	E 05	5.	C
For fu	ther information concerning this ma	atter, please call:	5	ተተ	
Eufemic	Magsombol	at (310 225-5067			
	Name of Person	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS; Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
	Enclosed is a check for the follow	ing amount:			
	S25 Filing Fee	S55 Filing Fee & Certified Copy			

JNHS18 (5/08)

FL015 - 11/16/2019 C T System Online



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 company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

• • • • • • • •	es of Miami, LLC			
2. (a) Principal office address of limited liability comp	1040 Tl 34in a - 4			
(Note: MUST BE STREET ADDRESS)	Bl Segundo, CA - 90245			
(b) Mailing address of limited liability company:	1940 E. Mariposa Avenue			
(Note: MAY BE POST OFFICE BOX)	El Segundo, CA - 90245			
09/10/2009	M09000003574			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Deptero	f _[Stape]		
Registered Agent:	CORPORATION SERVICE COMPÁ	NY S		
Registered Office Address:	1201 HAYS STREET			
	TALLAHASSEE FL 32301 US			
	79	7 25		
(b) Enter name of NEW Registered Agent and/or I	NEW Registered Office address			
NEW Registered Agent:	C T Corporation System			
NEW Registered Office Address:	1200 South Pine Island Road			
(MUST BE FLORIDA STREET ADDRESS)	Plantation FL 33324			
If the limited liability company is not organized under t confirmed that after the change or changes are made, th and the business office of the registered agent will be id liability company, it is hereby confirmed that the chang of the members of the limited liability company or as of	the laws of the State of Florida, it is he Florida street address of the registe dentical. Or, in the case of a Florida ige(s) was/were authorized by an affirn otherwise provided in the articles of or pany.	red office imited		
or the operating agreement of the limited liability comp	_			
Signature of a member or authorized representative of a member Tristan Emrich				
Signature of a member or numbrized representative of a member				

FILING FEE: \$25.00

INH\$18 (05/08)