

**MD9000004184**

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**FILED**  
**13 JUN 27 PM 1:47**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**  
**JUN 28 2013**  
**EXAMINER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Domaines Rollan de By LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MELISSA BOON

Name of Person

Domaines Rollan de By LLC

Firm/Company

1305 NW 155<sup>th</sup> DR. ~~111~~

Address

MIAMI GARDENS FL 33169

City/State and Zip Code

melissa@bywines.com

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

For further information concerning this matter, please call:

MELISSA BOON

Name of Person

at (305) 934 0316

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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.*

1. Name of the limited liability company: Domaines Rellan de By LLC

2. (a) Principal office address of limited liability company: 1305 NW 155<sup>th</sup> DR  
MIAMI GARDENS  
FL 33169  
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: same as above  
(Note: **MAY BE POST OFFICE BOX**)

10/26/2009  
3. Date of filing/registration in Florida

MD9000004181  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State  
Registered Agent: Jan Boon  
Registered Office Address: 1305 NW 155<sup>th</sup> DR  
MIAMI GARDENS  
FL 33169

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Agent: MELISSA BOON  
NEW Registered Office Address: 1305 NW 155<sup>th</sup> DR  
(MUST BE FLORIDA STREET ADDRESS) MIAMI GARDENS  
FL 33169

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.

X  
Signature of a member or authorized representative of a member

Jan Boon  
Printed or typed name of signer

*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 608, 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