

M10000004640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

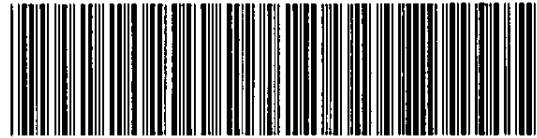
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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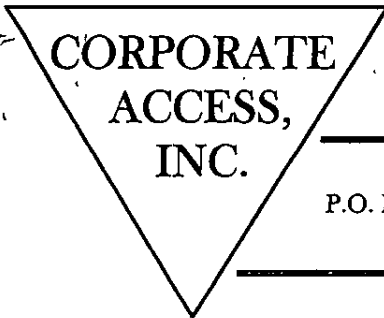
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JAN 27 PM 08 08 14 JAN 27 AM 2:49

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236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP: 1/27 Alinda

- CERTIFIED COPY
- PHOTOCOPY
- CUS
- FILING

LLC RA change

FILED
2014 JAN 27 PM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Interacel Holdings, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Interacel Holdings, 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 this matter to the following:

Nathaly Schwed
Name of Person

Interacel Holdings, LLC
Firm/Company

2775 NE 187th St. Apt #529
Address

Aventura, FL 33180
City/State and Zip Code

nschwed@interacel.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nathaly Schwed at (305) 335-9043
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 following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

FILED
2014 JAN 27 PM 00
TALLAHASSEE, FLORIDA
CLERK OF STATE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: INTERACEL HOLDINGS, LLC

2. (a) Principal office address of limited liability company: 2775 NE 187th St. Apt #529
Aventura, FL 33180
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 2775 NE 187th St. Apt#529
Aventura, FL 33180
(Note: MAY BE POST OFFICE BOX)

October 21st 2010
3. Date of filing/registration in Florida

M1000004640
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Marco D. Cuono

Registered Office Address: 2600 SW Third Avenue
Suite 400
Miami, FL 33129

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

NEW Registered Agent: Corporate Access, Inc

NEW Registered Office Address: 236 E. 6th Ave
(MUST BE FLORIDA STREET ADDRESS) Tallahassee, FL 32303

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]
Signature of a member or authorized representative of a member

Nathaly Schwed
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 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]
Signature of Registered Agent

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

FILING FEE: \$25.00

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2014 JAN 27 PM 08
TALLAHASSEE, FLORIDA
CLERK OF THE STATE