## M1700000 4397

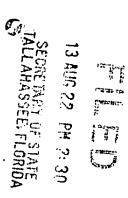
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
wrong		
Form		

Office Use Only



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207 W



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 31, 2013

NEVEN BRAIL 2601 S BAYSHORE DR #1700 MIAMI, FL 33133

SUBJECT: 650 HOLDINGS II, LLC Ref. Number: W13000042752

HECEIVED

13 AUG 21 AM ID: 30

SECRETARSEE, FLORIE
TALLARIASSEE, FLORIE

We have received your document for 650 HOLDINGS II, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

Letter Number: 313A000184ft

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: <u>650 HOLDING</u> (No	ame of Alien Business Organization)	
Dear Sir or Madam:		
The enclosed Statement of Change of R fee(s) are submitted for filing.	egistered Agent/Registered Office for Alien Business Or	ganization and
Please return all correspondence concer	ning this matter to the following:	
NEVEN BRAIL (Name of Person)		·
EVERIEST CAPITAL (Firm/Company)	·UC	
2601 S BAYSHO (Address)	REDR#1700	
MIAMI FL 33/ (City/State and Zip Cod	33 le)	
For further information concerning this	matter, please call:	13 TALL
NEVEN BRAIL (Name of Person)	at (305) 666 1700 (Area Code & Daytime Telephone Number)	AIIG 22
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	PM 2: 30 E. FLORIDA
Enclosed is a check for the following a	mount:	
\$35.00 Filing Fee	□\$43.75 Filing Fee & Certified Copy	

INHS23 (08/05).

## 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:650	HOLDINGS II LLC
<ol> <li>(a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)</li> </ol>	HIAM FL 33133
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	ALONS BAYSHERE DR MIAMI FL 33133
3. Date of filing/registration in Florida	N13000004397  4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept, of State:
Registered Agent:	MARKO PIMITRIJEVIC
Registered Office Address:	HIAMI FL 33133
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:
NEW Registered Agent:	NEVEN BRAIL
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	ALCI & BAYSHORE DR # 1700 MIAMI FL 33133
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.  Signature of a member or audiorized representative of a member.  TAMES HAN CCK  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 pand I am familiar with and accept the obligations of my chapter olds, F.S. Or, if this document is being filled to include the confirmation of Registered Agent  Signature of Registered Agent	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affigurative vote of wise provided in the articles of organization or

Division of Corporations, P.O. Box 6327, Taliahassee, FL 32314 FILING FEE: \$25.00