

M13 00000 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:

WFDNG
Form

Office Use Only



000250081940

07/29/13--01011--008 **35.00

FILED
13 AUG 22 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

24224-41222
707



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

RECEIVED
13 AUG 21 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: 313A00018411

FILED
13 AUG 22 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 650 HOLDINGS II, LLC
(Name of Alien Business Organization)

Dear Sir or Madam:

The enclosed Statement of Change of Registered Agent/Registered Office for Alien Business Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NEVEN BRAIL
(Name of Person)

EVEREST CAPITAL LLC
(Firm/Company)

2601 S BAYSHORE DR #1700
(Address)

MIAMI FL 33133
(City/State and Zip Code)

For further information concerning this matter, please call:

NEVEN BRAIL at (305) 666 1700
(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:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certified Copy

INHS23 (08/05).

FILED
13 AUG 22 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. (a) Principal office address of limited liability company: 2601 S BAYSHORE DR
#1700
MIAMI FL 33133
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 2601 S BAYSHORE DR
#1700
MIAMI FL 33133
(Note: MAY BE POST OFFICE BOX)

JULY 12, 2013
3. Date of filing/registration in Florida

M13000004397
4. Document number

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

Registered Agent: MARKO DIMITRIJEVIC

Registered Office Address: 2601 S BAYSHORE DR
#1700
MIAMI FL 33133

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

NEW Registered Agent: NEVEN BRAIL

NEW Registered Office Address: 2601 S BAYSHORE DR
#1700
MIAMI FL 33133
(MUST BE FLORIDA STREET ADDRESS)

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 James Hancock, Manager
Signature of a member or authorized representative of a member.

JAMES HANCOCK
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.

James Hancock
Signature of Registered Agent

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