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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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

Email Address:_



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LLC REGISTERED AGENT CHANGE MIRADOR DEL MAR LLC

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Help

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company: Mirador del N	Mar LL	C 			·
2.	(a)	Principal office address of limited (lability company: (Note: MUST BE STREET ADDRESS) 121 Ridgeland Way	((b)		wiling address of liming address of liming address of liming (Note: MAYBE PO) eland Way	ited liability company: OST OFFICE BOX)
		ATLANTA, GA 30305			ATLANTA	A, GA 30305	
		10/17/2013		ŀ	И1300000	6599	
3.		Date of filing/registration in Florida	4.	_	r	Document numbe	r
		Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta Dickson, Sam G., Mngr Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 512 ANGELA STREET					18 JUN
1	(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporate Creations Network Inc.					N 29 M III 28
		NEW Registered Office Address:					(C)
		11380 Prosperity Farms Road #221E					
		Palm Beach Gardens Fig. Fi	3341	0			
the age	cha nt v s/wc	mited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited limited by an affirmative vote of the members cles of organization or the operating agreement of the	f the reginability of the li	cor mi	ered office a npany, it is ted liability	and the business hereby confirmed company or as o	office of the registered d that the change(s)
Nicholas Nich						ols, Attorney-i	n-Fact
S	ignat	ure of a member or authorized representative of a member				Printed or typed nam	ne of signee
pro the to r	viși obl nere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I it writing of this change.	ed for in	ma ı C	nce of my di hapter 605.	uties, and I am Ja F.S. Or, if this a	imiliar with and accept locument is being filed
Sig	matu	Nicholas Nichola, Sp	ecial :	Sec	retary		