

M14000003263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

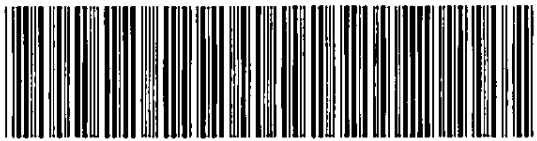
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JAN 25 AM 8:50

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2018 JAN 25 PM 3:41  
TALLAHASSEE, FLORIDA  
OFFICE OF THE  
SECRETARY OF STATE

K SALY  
JAN 26 2018

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.Incserve.com

incserv

**ORDER FORM**

**TO** Florida Department of State  
Division of Corporations, Clifton  
Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Stops

~~melissa.stops@incserve.com~~  
850.656.7953

**REQUEST DATE** 1/25/2018

**PRIORITY** Routine

**OUR REF # (Order ID#)** 626418

**ORDER ENTITY**  
CHIVITOTECA ART LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**  
CHIVITOTECA ART LLC (FL)

File the attached amendment

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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. Name of the limited liability company: CHIVITOTECA ART LLC

2. (a) _____ Principal office address of limited liability company: <i>(Note: <b>MUST BE STREET ADDRESS</b>)</i> <u>848 Brickell Avenue, Suite 300 31</u> <u>Miami, FL 33131</u>  <u>05/13/2014</u>	(b) _____ Mailing address of limited liability company: <i>(Note: <b>MAY BE POST OFFICE BOX</b>)</i> <u>848 Brickell Avenue, Suite 300</u> <u>Miami, FL 33131</u>  <u>M14000003263</u>
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3. 05/13/2014 Date of filing/registration in Florida      4. M14000003263 Document number

5. (a) RAMADA Y GALAN SARAS, MAGDALENA M

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

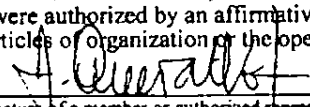
848 Brickell Avenue  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
Suite 300  
Miami, FL 33131

(b) Innovation Tax and Trust US LLC

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

848 Brickell Avenue  
NEW Registered Office Address:  
Suite 300  
Miami, FL 33131

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 of a member or authorized representative of a member

ANDREA QUERALTO  
Printed or typed name of signee

*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 of Registered Agent

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JAN 25 AM 8:51