

171400000 6243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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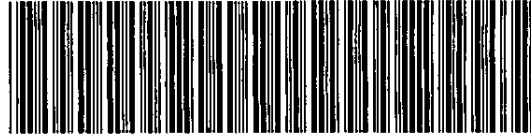
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 SEP 28 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 29 2015

Y SULKE

• • •

SUBJECT: midlexsim, LLC.
Name of Limited Liability Company

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Victor Caridad
Name of Person

North miami Beach, Fl 33161
City/State and Zip Code

For further information concerning this matter, please call:

STREET/COURIER ADDRESS:**MAILING ADDRESS:**

Enclosed is a check for the following amount:

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2015

CESAR LA COSTA
OMKARA CONSULTING LLC
6815 BISCAYNE BLVD - # 103-61
MIAMI, FL 33138

SUBJECT: MIALEXSIM, LLC
Ref. Number: M14000006243

We have received your document for MIALEXSIM, 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):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return 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.

Tammy Hampton
Regulatory Specialist III

Letter Number: 115A00017113

**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: midalexsim, LLC.

2. (a) 6240 NE 4th Ct (b) 6240 NE 4th Ct

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

midami, FL 33138

midami, FL 33138

3. 09.24.2015 4. mi140000006243
Date of filing/registration in Florida Document number

5. (a) corporation service company

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1201 HAYES Street
Tallahassee, FL 32301-2526

(b) VICTOR CARIDAD

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

1525 NE 125th St
NEW Registered Office Address:

Apt. 113

North miami Beach, FL 33161

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TALLAHASSEE, FLORIDA

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

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 effect 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