M15000002837

(Re	questor's Name)		
(Ad	dress)		
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	MAIT	MAIL	
	siness Entity Nam	9)	
(Du	Silless Entity Nam	e)	
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
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Office Use Only



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TO: Registration Section Division of Corporations

SUBJECT:			
	e of Limited	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offi	ce Change an	nd fee(s) are submitted for filin	g.
Please return all correspondence concerning this	s matter to th	e following:	
		1	
Rudy Villanueva		i i	
Name of Person			
Cofe Properties			
Firm/Company			
7700 N Kendall Dr Suite 705			
Address			
Miami, Florida 33156			
City/State and Zip Code			2017 SEE SALL
rvillanueva@cofeproperties.com			
E-mail address: (to be used for future ann	ual report not	ification)	21 ASSE
For further information concerning this matter,	please call:		
Rudy Villanueva	305	662-6840	
Name of Person	at (Area Code & Daytime Tele	ephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee. Florida 32314		
Enclosed is a check for the following	amount:		
■ \$25 Filing Fee		\$55 Filing Fee & Certified Cop)V

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:	Denter, LLC
2. (a)		(b)
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7700 N Kendall Dr. Suite 705	7700 N Kendall Dr. Suite 705
	Miami, Fl 33156	Miami, Fl 33156
	04/17/2015	M15000002837
3.5. (a)	Date of filing/registration in Florida Mike Verdeja	4. Document number
J. (u)	Registered Agent and Registered Office shown on the records of 7700 N Kendall Dr.	f the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET) Suite 705	(ADDRESS)
	Miami , FI	
(b)	Cofe Properties LLC	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:
	7700 N Kendall Drive	
	NEW Registered Office Address:	
	Suite 705	₹5/1. W 3× £
	Miami FI	33156 L
signa I here provis the objet to mer-	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agent agent and agent a	aws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in the limited liability company. Printed or typed hame of signee gree to act in this capacity. I further agree to comply with the fe performance of my duties, and I am familiar with and accept led for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been

Signature of Registered Agent

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