M16000000313

(Requestor's Name)					
(Address)					
(
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



300290632003

09/30/16--01023--026 **25.00

16 SEP 30 AM II: 00 DIVISION OF CERFORATIONS

O SIMMONS OCT 0 4 2016

COVER LETTER

TÓ:

TÓ:	Registration Section Division of Corporations			
SURI	428 SW 6th Street LLC			
Name of Limited Liability Company				
Dear (Sir or Madam:			
The e	nclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.		
Please	e return all correspondence concerning this ma	tter to the following:		
Rafa	ael Puig			
	Name of Person			
	Firm/Company			
1920	OS Ocean Drive Apt 7D			
	Address			
Halle	endale, FL 33009			
	City/State and Zip Code			
rafa	elpuig908@gmail.com			
	E-mail address: (to be used for future annual r	eport notification)		
For f	urther information concerning this matter, plea	se call:		
Rafa	ael Puig	786 718-4195		
	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		
	ount:			
	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		
INHS	518 (2/14)			

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

Pùrsuant 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	ame of the limited liability company: 428 SW 6	th Street	LLC
2. (a)	Rafael Puig		(b) Rafael Puig
- · (")	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1920 S. Ocean Drive #7D		1920 S. Ocean Drive #7D
	Hallandale Beach, FL 33009		Hallandale Beach, FL 33009
	01/08/2016		M16000000213
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Robert Slatoff, Esq		
<i>5.</i> ()	Registered Agent and Registered Office shown on the record Frank Weinberg Black	ds of the Flori	rida Dept, of State:
	Registered Office Address (MUST BE FLORIDA STRE	<u>EET ADDRES</u>	0 16 S
	Boca Raton	, FL 3343	SEP 30
(b)	Rafael Puig		
, ,	Enter name of NEW Registered Agent and/or NEW Regist	tered Office a	address:
	1920 S. Ocean Drive #7D		00
	NEW Registered Office Address:		
	Hallandale Beach	, _{FL} 3300	09
agent v	ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite	ne laws of the second liability of the limited from the limited	the State of Florida, it is hereby confirmed that after egistered office and the business office of the registered y company, it is hereby confirmed that the change(s) limited liability company or as otherwise provided in
Signa	ature of a member or authorized representative of a member		Printed or typed name of signee
provisi the obj	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as proved reflect a charge in the registered office address of my positions.	I agree to a plete perfor wided for it ss, I hereby	act in this capacity. I further agree to comply with the ormance of my duties, and I am familiar with and accep in Chapter 605, F.S. Or, if this document is being filed y confirm that the limited liability company has been
Signatu	upc of Registered Agent	_	
0	Division of Corporations • P	O Roy 63	3274 Tallabassoo El 32314
		.O. BOX 03: IG FEE: \$2	