

N16000005564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2017 JUN -5 PM 4:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUN 06 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MYH INVESTORS, LLC

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

PETER GRIMES

Name of Person

MYH INVESTORS, LLC

Firm/Company

800 WEST AVE. #819

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

answers@myhinvestors.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER GRIMES

at (305)

934-0559

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: MYH INVESTORS, LLC

2. (a) 800 WEST AVE (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**)

#819

MIAMI BEACH, FL 33139

07/11/2016

M16000005564

3. Date of filing/registration in Florida

4. Document number

5. (a) BUSINESS FILINGS INCORPORATED

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

1200 SOUTH PINE ISLAND ROAD

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

PLANTATION, FL 33324

(b) PETER GRIMES

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

800 WEST AVE

NEW Registered Office Address:

#819

MIAMI BEACH, FL 33139

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.

PETER GRIMES
Signature of a member or authorized representative of a member

PETER GRIMES

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.

PETER GRIMES
Signature of Registered Agent

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

FILED
2017 JUN -5 PM 4:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA