P02000013816

(Re	equestor's Name)			
(Ad	dress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



800188524778

12/13/10--01021--026 **35.00

FILED
2010 DEC 13 AM 10: 52
SECRETARY OF STATE
ALLAHASSEF FINALE

R.A.

DEC 16 2010

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT:LE	EM Properties, Inc Name of Corporation				
DOCUMENT NUMBER:	P02000013816				
The enclosed Statement of Change of Re	egistered Office/Agent and fee are submitted for filing.				
Please return all correspondence concern	ning this matter to the following:				
•					
	Raul Salazar				
·	Name of Contact Person				
	LEM Properties, Inc				
	Firm/Company				
21	6 Catalonia Ave Suite 209				
	Address				
,	Coral Gables, Fi 33134 City/State and Zip Code				
	City/State and Zip Code				
	lemprop@gmail.com				
lemprop@gmail.com E-mail address: (to be used for future annual report notification)					
For further information concerning this	matter, please call:				
Raul Salazar	at (305) 332-4970				
Name of Contact Person	at (305) 332-4970 Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable	e to the Department of State.				

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, ange is submitted for a corporation organized under the laws of the er to change its registered office or registered agent, or both, in the	State of F	lorida	this ——-	_
	the corporation: LEM Properties, Inc.	Sittle by 14	oriaa.		
	office address: 216 Catalonia Ave Suite 109, Coral Gabl	les, FI 33	134		
3. The mailing a	address (if different):	·			
4. Date of incorp	poration/qualification: 02/06/2002 Document number:	P	020000	01381	6
	street address of the current registered agent and registered office tment of State: (If resigned, enter resigned)	on file witl	n the		
	Migdalia E Salazar	_			
	540 Brickell Key Dr #1800	- 	5	21	
			SECRI	30 01	-T1
6. The name and (if changed):	Miami, FI 33131 I street address of the new registered agent (if changed) and /or regi	stered offic	ETARY O	2010 DEC 13 1	
	Raul Salazar		FLO	AH IQ	D
	216 Catalonia Ave Suite 109		RIDA	52	
	P.O. Box NOT acceptable Coral Gables, FI 33134				
The street addre as changed will	ss of its registered office and the street address of the business o be identical.	ffice of its	register	ed age	n t,
Such change was authorized by th	es authorized by resolution duly adopted by its board of directors to board, or the corporation has been notified in writing of the ch	or by an o	officer s	0	
Signatur	Raul Salaz	ar / Pres	ident		-
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this cape o comply with the provisions of all statutes relative to the prope d I am familiar with and accept the obligation of my position as no filed merely to reflect a change in the registered office addres been notified in writing of this change.	acity. r and comp registered ss, I hereby	olete per agent. confirm	formar Or, if t n that t	ıce his he
	7. ola zav / . 12/01	B/2010			_
Sign If signing on bel	nature of Registered Agent Date that of an entity:	e			
	Raul Salazar ped or Printed Name				

* * * FILING FEE: \$35.00 * * *