P12000104015

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SEURITARY OF STATE

Rachange

COVER LETTER

Division of Corporations		
SUBJECT: Name of Limited Lia	MUS PA bility Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and for	ee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the fo	llowing:	
Mara D. Germemus Name of Person	_	
Germenus Law Firm/Company	- -	20
4501 N. Meridian Ave.	i	
Miami Beach, FL 33 City/State and Zip Code	140	AMII: 12
E-mail address: (to be used for future annual report notification)	ation)	
For further information concerning this matter, please call: Mara Clovernus at (786) Name of Person	371-8737 Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

Enclosed is a check for the following amount:

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.

submi	ts the following statement in order to change its register	ed office	e or registered agent, or bo	oth, in the State of Flo	rida.
I. N	ame of the limited liability company: Maria	D. (Geronemus	» PA	
2. (a)		(b)		
	Principal office address of limited liability company:		-	limited liability company:	
	(Note: MUST BE STREET ADDRESS)		(Noile: MAT BE	E POST OFFICE BOX)	1
	4301 IV. INTEVIATION AVV.	_	4201 N. MICI	MATAN MY	1
	Miami Beach, FL 33140		Miami Beau	<u>(h, fl 3314</u>	10
	أم أمام				
	2 21 12	.	P12000104	<u> 1015</u>	
3.	Date of filing/registration in Florida	4.	Document num	iber	
5. (a)	Mara D. Geronimi	<u>עט</u>			
	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u>)</u>	20	Ç.
	350 LINCOIN Rd. 2"	10 +	<u>'l.</u>		(2 준)
	Minni Reach FL	33	1139	= -	<u>.</u>
		7	4,52 , _		
(b)		<u>) </u>			当ら
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad-	dress:	<u> </u>	Α
	4501 N. Mevidian A	<u> </u>		.×01	<u>.,,</u>
	NEW Registered Office Address:	22	1.15		
	MIAMI BRACH, FC	<u> </u>	140		
	, FL_				
lf the	limited liability company is not organized under the law	s of the	State of Florida, it is hereb	v confirmed that after	r the
chang agent	e or changes are made, the Florida street address of the a will be identical. Or, in the case of a Florida limited lial	registere bility co	ed office and the business o	ffice of the registered ned that the change(s)) }
was/w	ere authorized by an affirmative vote of the members of	f the lim	ited liability company or as	s otherwise provided	in
tne art	icles of organization or the operating agreement of the l	limited I	lability company.	- 4100 IC	
Signa	ature of a member or authorized representative of a member		Printed or typed n	iame of signee	
1 here	by accept the appointment as registered agent and agre	e to act	in this canacity. I further a	agree to comply with	the
provis the ob	ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided vely reflect a change in the registered office address, I ha	performa I for in C	ince of my duties, ånd Lam Hapter 605, F.SOr, if this	familiar with and ac s document is being f	cept iled
to mer notifie	elv reflect a change in the registered office address. I h d'in writing of this change.	ēreby co	onfirm that the limited liabi	lity company has bee	n
	Nh				
Signati	ure of Registered Agent				

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