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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6330

From: Account Name : SUPERBIZ.COM, INC.  
Account Number : 220070000160  
Phone : (800)494-3124  
Fax Number : (305)675-2811

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS  
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REGISTERED AGENT CHANGE  
MORE THAN LUX PROPERTIES CORP

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

09/30/2015

C. CARROTHERS

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

Pursuant to the provisions of sections 607.0502, 617.0502, 697.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MORE THAN LUX PROPERTIES CORP
2. The principal office address: 1441 BRICKELL AVENUE, STE 1500  
MIAMI, FLORIDA 33131
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 05/08/2013 Document number: P13000041200

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

GIANCARLO VEDEO

1441 BRICKELL AVENUE, STE 1500

MIAMI, FLORIDA 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SUPERBIZ REGISTERED AGENT, INC.

2761 VISTA PARKWAY, STE E4

P.O. Box NOT acceptable

WEST PALM BEACH, FLORIDA 33411

The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

JAIRO ROMERO

Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

SEPTEMBER 30, 2015

Date

If signing on behalf of an entity:

TRACY COTTLE

Typed or Printed Name

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SECRETARY OF STATE  
MAILING SERVICE DIVISION

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