

LD2 0000 17766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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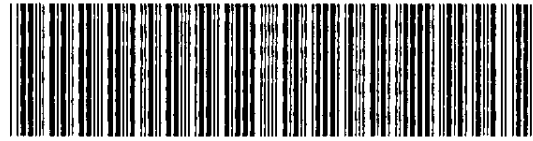
(Business Entity Name)

(Document Number)

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T. CLINE

MAY 13 2011

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1385, 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:

RAFAEL ALMANZAR  
Name of Person

ALMANZAR ACCOUNTING SERVICES  
Firm/Company

8580 NW 6TH LANE #104  
Address

MIAMI, FL 33126  
City/State and Zip Code

accounting@adaag-consulting.com  
E-mail address: (to be used for future annual report notification).

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For further information concerning this matter, please call:

RAFAEL ALMANZAR at ( 305 ) 285-7373 Ext. 315  
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 608.416 or 608.508, 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: 1385, LLC

2. (a) Principal office address of limited liability company: 1385 Coral Way PH 401

**(Note: MUST BE STREET ADDRESS)** Miami, FL 33145

(b) Mailing address of limited liability company: 1385 Coral Way PH 401

**(Note: MAY BE POST OFFICE BOX)** Miami, FL 33145

07/15/2002  
3. Date of filing/registration in Florida

L02000017766  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Ricardo Londono

Registered Office Address: 1385 Coral Way PH 401  
Miami, FL 33145

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

**NEW Registered Agent:** ALMANZAR ACCOUNTING SERVICES

**NEW Registered Office Address:** 8580 NW 6TH LANE  
**(MUST BE FLORIDA STREET ADDRESS)** #104  
MIAMI, FL 33126

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 TALLAHASSEE, FLORIDA

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.

Signature of a member or authorized representative of a member

Ricardo Londono

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 608, 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.*

Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**