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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SHUNGO USA LLC	
Name	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
JAVIER MORLA	
Name of Person	
PACIFIC CABLE TELEVISION INC.	
Firm/Company	
1728 CORAL WAY, SUITE 800	
Address	
MIAMI, FL 33145	
City/State and Zip Code	
jmorla@batanmiami.com	
É-mail address: (to be used for future annu	al report notification)
For further information concerning this matter,	please call:
Javier Morla	305 529-2488
Name of Person	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
Enclosed is a check for the following	amount:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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.

Na	ame of the limited liability company: SHUNGO USA	rrc	
(a)	1728 CORAL WAY	(b) 1728 CORAL WAY	
(")	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	:
	SUITE 900	SUITE 900	
	MIAMI, FL 33145	MIAMI, FL 33145	
	DECEMBER 10, 2009	L09000117675	
	Date of filing/registration in Florida	4. Document number	
(a)	MURAI WALD BIONDO & MORENO, P.A.		
(a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of State:	
	2121 PONCE DE LEON BLVD.		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	SUITE 600		
	CORAL GABLES , FL	33134 SE 202	
(b)	CRISTINA MORENO P.A.	ALL	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	1 Office address:	•
	2600 DOUGLAS ROAD	SSET SSET	1
	NEW Registered Office Address:	3: 34 STATE FL	
	SUITE 304	<u>т</u> Е	
	CORAL GABLES , FL	33134	
nange gent v as/we ie art	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of clessof organization of the operating agreement of the	ws of the State of Florida, it is hereby confirmed that after registered office and the business office of the registered ability company, it is hereby confirmed that the change(s of the limited liability company or as otherwise provided limited liability company. Maria del Carmen Morla	d 5)
-	ture of a member or authorized representative of a member	Printed or typed name of signee	
rovisi 1e obl 1 mere	ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. If d in writing of this change.	ree to act in this capacity. I further agree to comply with performance of my duties, and I am familiar with and ac d for in Chapter 605, F.S. Or, if this document is being f hereby confirm that the limited liability company has bee	the cep filed en
11	stina Marcore		