

L13 000 121 920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

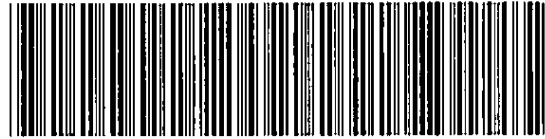
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/25/23--01020--018 **25.00

2023 APR 25 PM 2:21
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

CLAUDIO M IGLESIAS LLC

SUBJECT: _____
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:

CLAUDIO MANUEL IGLESIAS TRONCOSO

Name of Person

CLAUDIO M IGLESIAS LLC

Firm/Company

25 SE 2nd Ave, Ste 550 PMB 378

Address

Miami, FL 33131

City/State and Zip Code

CI@CLAUDIOIGLESIAS.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLAUDIO MANUEL IGLESIAS TRONCOSO 786 608-5732

Name of Person at () _____
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

2009 APR 25 PM 2:20
SECRETARY OF STATE

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.

CLAUDIO M IGLESIAS LLC

1. Name of the limited liability company: _____
 25 SE 2nd Ave Ste 550 Miami, FL 33131 25 SE 2nd Ave Ste 550 PMB 378 Miami, FL 33131

2. (a) _____ (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

08/28/2013

L13000121920

3. _____ Date of filing/registration in Florida 4. _____ Document number

Claudio Manuel Iglesias Troncoso

5. (a) _____
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
 25 SE 2nd Ave Ste 550 PMB 378

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Miami 33131
 _____, FL _____

PSM Registered Agent LLC

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

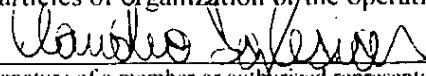
25 SE 2nd Ave Ste 550

NEW Registered Office Address:

MIAMI 33131
 _____, FL _____

2023 APR 25 PM 2:20
 RECEIVED
 STATE OF FLORIDA
 DEPARTMENT OF REVENUE

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

CLAUDIO MANUEL IGLESIAS TRONCOSO

 Printed or typed name of signer

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 605, 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.

RENAE GRAVES

 Signature of Registered Agent