## L140000 60948

()	Requestor's Name)							
(Address)								
(,	Address)							
(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL						
(Business Entity Name)								
(Document Number)								
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R. WHITE
JUN 2 ( 2019

## COVER LETTER

Division of Corporations	
PERCO INVESTMENTS, LLC SUBJECT:	
	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
ŁEONARDO MARQUEZ	
Name of Person	
Firm/Company	
5481 Wiles Rd, # 504	
Address	<del></del>
Coconut creek, FI 33073	
City/State and Zip Code	
leomarq102@gmail.com	
E-mail address: (to be used for future annua	d report notification)
For further information concerning this matter, p	lease call;
leomarq102@gmail.com	786 5195307
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 a	mount:
<b>☑</b> \$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 695,0114 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.

1.	Na	une of the limited liability company: PERCO INVE	SIM	-N I :	5, LLC				<del></del>	
2. (	(a)	Principal office address of limited liability company:		(b) _	Maili	ing address o	of limited lia	ibility co	oupany:	
		( <u>Note: MUST BE STREET ADDRESS</u> ) 5481 Wiles Rd, # 502			(Now: MAY BE POST OFFICE BON) 5481 Wiles Rd, # 502					
		04/14/2014		 L1	40000609	48				
3.		Date of filing/registration in Florida	 -J.		Do	cument nu	amber			
5.	(9)	LANCE SHERMAN								
	(**)	Registered Agent and Registered Office shown on the records of	the Flori	da De <sub>l</sub>	pt. of State.					
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)								
		5481 Wiles Rd # 502								
		Coconut Creek . FI.	L.33073				5.1	2019 JUH -		
(b)	(b)	LEONARDO MARQUEZ							•	
	•	Enter name of NEW Registered Agent and or NEW Registered Office address:			27			<u></u> 0.0		
		5481 Wiles Rd, Suite 504					· -	PM 5: 4:	112.17	
		NEW Registered Office Address:				49				
		Coconut Creek Fil.								
the age was	cha nt v ¿wc	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cless of organization of the operating agreement of the	ws of the reg ability of the li- limited	ie Sta gister comp mited Hiab	ite of Florid ed office an any, it is he I liability ec	d the busi reby conf impany or iy.	ness office irmed that	e of the the ch	registered ange(s)	
S	ignal	ture of a member or authorized representative of a member			Pri	nted or type	d name of si	gnec	· · · · · · · · · · · · · · · · · · ·	
pro the to n not	visi obl nert ifice	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete ignitions of my position as registered agent as provide in the registered affice address, I if I in liviting of this change.  Lin liviting of this change.	nerfor	nanc	e of my duti	es, ànd Le	am Tamilia	o with	and accem	