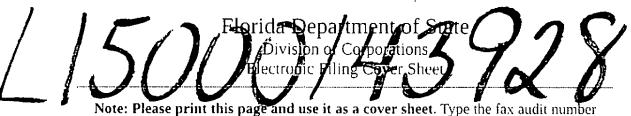
Aug 13, 202 8/13/25, 9:58 AM

Division of Corporations



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(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email	Address:	
	•	

## LLC REGISTERED AGENT CHANGE **LUNA LIBERIANA LLC**

Certificate of Status	0
Certified Copy	j <b>0</b>
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K. SALY

AUG 1 4 2025

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## 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.

1. N	ame of the limited liability company: Luna Liberiana LL	.c	
2. (a)		(b)	
<b>2</b> . (2)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300	7901	4th St N STE 300
	St. Petersburg FL 33702	etersburg FL 33702	
	08/21/2015	L1500	0143928
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	PINEDA, DIANA C		
(**)	Registered Agent and Registered Office shown on the records of t	the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET)		
	4670 NW 84TH AVE		
	DORAL , FL	33166	
(h)	Registered Agents Inc		FILED  PRIZE AUG 13 PH 12: 17  PALLAHASSE ELET DENG
( )	Enter name of NEW Registered Agent and/or NEW Registered		
	7901 4th St N		00 P. 17
	NEW Registered Office Address:		<del></del>
	STE 300		
	St. Petersburg	33702	
the cha agent was/w the art	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	the registered ability compan of the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
Signa	ture of a member or arthorized representative of a member		Printed or typed name of signee
I here provisi the obs to mer	by accept the appointment as registered agent and agri ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	performance of d for in Chapte lereby confirm	s capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been
	re of Registered Agent	· · - · · · · · · · · · · · · · · ·	