

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

218000092705

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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : REGISTERED AGENT SOLUTIONS INC
 Account Number : I20100000062
 Phone : (888)705-7274
 Fax Number : (888)706-7274

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

Email Address: _____

RECEIVED
 2021 FEB -8 PM 4: 53

**LLC REGISTERED AGENT CHANGE
 CABINA CREATIVA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

21 FEB -8 AM 9: 59



February 8, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CABINA CREATIVA LLC
822 VILLAGE WAY
DAVENPORT, FL 33896US

SUBJECT: CABINA CREATIVA LLC
REF: L18000032705

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The principal address must be a street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Tracy L Lemieux
Regulatory Specialist II

FAX Aud. #: H21000050024
Letter Number: 721A00002779

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cabina Creativa 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:

Zachary Ysais
Name of Person

Registered Agent Solutions, Inc.
Firm/Company

1701 Directors Blvd, Suite 300
Address

Austin, TX 78744
City/State and Zip Code

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

For further information concerning this matter, please call:

Zachary Ysais at (888) 705-7274
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 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. Name of the limited liability company: Cabina Creativa LLC

2. (a) 1905 N MARKET ST

(b) PO BOX 471042

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

TAMPA, FL 33602

KISSIMMEE, FL 34747

2/5/2018

L18000032705

3. Date of filing/registration in Florida

4. Document number

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

1905 N MARKET ST

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA, FL 33602

(b) Registered Agent Solutions, Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

155 Office Plaza Dr.

NEW Registered Office Address:

Suite A

Tallahassee, FL 32301

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.

/s/ Jacob Frediani
Signature of a member or authorized representative of a member

Jacob Frediani Authorized Person
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 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.

Mackenzie Hart
Signature of Registered Agent
Mackenzie Hart, Asst. Secretary