

L19000104813

(Requestor's Name)

(Address)

(Address)

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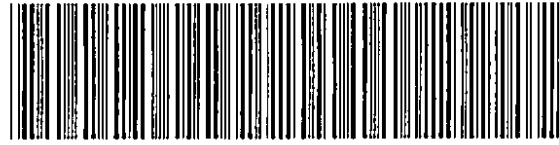
(Business Entity Name)

(Document Number)

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DATE: 2/17/20

NAME: CARLOS EDUARDO DE PAIVA SCHROER LLC

TYPE OF FILING: CHANGE OF AGENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

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: CARLOS EDUARDO DE PAIVA SCHROER LLC

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)

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BOCA RATON, FLORIDA 33432

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APRIL 16, 2019

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

EXPAT CONSULTING CORP

5. (a) _____
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

8615 COMMODITY CIRCLE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 11

ORLANDO, FL 32819

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(b) BP TAX ADVISORY LLC

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

848 BRICKELL AVENUE, STE 203

NEW Registered Office Address:

MIAMI, FL 33131

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.

Carlos E. de Paiva Schroer
 Signature of a member or authorized representative of a member

CARLOS EDUARDO DE PAIVA SCHROER
 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.

Carlos E. de Paiva Schroer
 Signat