

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L19000237754

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(((H22000349092 3)))



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

From:
 Account Name : INCFILE.COM LLC
 Account Number : 120220000070
 Phone : (888)462-3453
 Fax Number : (877)919-2613

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

Email Address: _____

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LLC REGISTERED AGENT CHANGE
CGIPERU L.L.C.

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

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 AND
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CGIPERU L.L.C.
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:

LOVETTE DOBSON

Name of Person

INCFE.COM LLC

Firm/Company

17350 STATE HWY 249 #220

Address

HOUSTON, TEXAS 77064

City/State and Zip Code

EFILE1234@INCFE.COM

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

For further information concerning this matter, please call:

LOVETTE DOBSON at (888) 462-3453
Name of Person 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

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H22000349092 3)))

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: CGIPERU L.L.C.

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1200 NW 186TH ST MIAMI GARDENS, FL 33169 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 1200 NW 186TH ST MIAMI GARDENS, FL 33169

3. Date of filing/registration in Florida: 09/19/2019 4. Document number: L19000237754

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: BOISSON FINANCIAL SERVICE Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 20310 NE 14TH AVE MIAMI, FL 33179

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(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: BOISSON FINANCIAL SERVICES LLC NEW Registered Office Address: 20310 Ne 14th Ave Miami, FL 33179

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.

Luis Aguilar Signature of a member or authorized representative of a member

Luis Aguilar 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.

Juliana Boisson Signature of Registered Agent