

L19000282757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

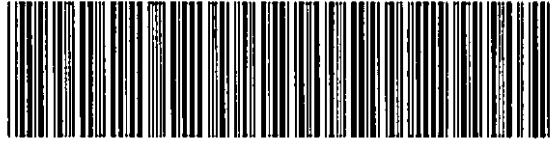
(Business Entity Name)

(Document Number)

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C. GOLDEN
APR 27 2020

COVER LETTER

TO: Registration Section
Division of Corporations

ACRO GRAVITY ACADEMY LLC

SUBJECT: _____
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:

VERONICA TIRADO

Name of Person

ACRO GRAVITY ACADEMY LLC

Firm/Company

2651 NE 212TH TER UNIT 206

Address

AVENTURA, FL 33180

City/State and Zip Code

acrogravity@gmail.com

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

For further information concerning this matter, please call:

Name of Person at (_____) _____
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

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.

ACRO GRAVITY ACADEMY LLC

1. Name of the limited liability company: _____

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)

2651 NE 212TH TER UNIT 206

2651 NE 212TH TER UNIT 206

AVENTURA, FL 33180

AVENTURA, FL 33180

FILED: 11/13/2019 EFFECTIVE: 02/07/2020

L19000282757

3. _____ 4. _____

Date of filing/registration in Florida

Document number

IACONE LAW, P.A.

5. (a) _____

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

IACONE LAW, P.A.

2525 PONCE DE LEON BLVD., SUITE 300 33134

. FL

2019 NOV 13 AM 7:44

(b) Richard Martinez

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

2651 NE 212th Terrace,

NEW Registered Office Address:

unit 206

Aventura . FL 33180

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.

Veronica J.
Signature of a member or authorized representative of a member

Veronica Tirado
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.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00