L20000 185394

(Requestor's Name)				
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(City/State/Zip/Phone #)				
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COVER LETTER

TO:		stration Section sion of Corporations	,	• • •	
SUBJE	ECT:	NANO-TECH SURFACE TREATMENTS I	.LC.		
		Name of Limited Liability Company			
Dear S	ir or N	fadam:			
The en	closed	Registered Agent/Registered Office Char	ge and	fee(s) are submitted for filing.	
Please	return	all correspondence concerning this matter	to the f	following:	
LUIS E	DEL RI	0			
		Name of Person			
NANO	-TECH	I SURFACE TREATMENTS LLC.			
		Firm/Company		_	
8440 N	W 64T	'H STREET, UNIT #1			
		Address			
MIAM	I, FLO	RIDA 33166			
		City/State and Zip Code		_	
MPERI	EZ@E	UROGRASS.US			
E	-mail	address: (to be used for future annual repo	rt notifi	cation)	
For fur	ther ir	nformation concerning this matter, please of	all:		
MAYR	A PER	REZ 7.	86	356-8520	
		Name of Person		Area Code & Daytime Telephone Number	
	Regi Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Encl	osed is a check for the following amoun	t :		
	■ \$2	25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy	

INHS18 (2/14)

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. Na	ame of the limited liability company: NANO-TECH S	URFACE TR	EATMENTS LLC.
2. (a)	NANO-TECH SURFACE TREATMENTS LLC.	(b)	NANO-TECH SURFACE TREATMENTS LLC
<u>-</u> . (~)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(*)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	8440 NW 64TH STREET, UNIT #1		3440 NW 64TH STREET, UNIT #1
	MIAMI, FLORIDA 33166	<u> </u>	MIAMI, FLORIDA 33166
	07/09/2020	L2	20000185394
3.	Date of filing/registration in Florida	4,	Document number
5. (a)			
2. (u)	Registered Agent and Registered Office shown on the records o JONATHAN ASERRAF	f the Florida D	ept. of State;
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	7950 NW 53RD STREET, SUITE 337	20	
	MIAMI , F	L_33166	2020 OCT
(b)			2
(0)	Enter name of NEW Registered Agent and/or NEW Registere	SSC A III	
	LUIS DEL RIO		SEELFL STATE
	NEW Registered Office Address:		F1; W
	8440 NW 64TH STREET, UNIT #1		
	MIAMI, F	L_33166	
change agent v was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registered iability com of the limite e limited liab	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
Signa	ature of a member of authorized representative of a member		Printed or typed name of signee
provis. the obt to mer	by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete the ations of my position as registered agent as provide elv reflect a change in the registered office address, I d'in writing of this change.	ree to act in e performant ed for in Che hereby conf	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed irm that the limited liability company has been
Signati	ure of Registered Agent		