

L20000196173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

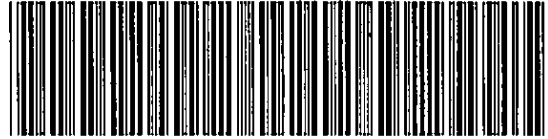
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000351340630

09/01/20--01022--003 **25.00

FILED
2020 SEP - 1 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FL

JG 10/13/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Three Little Birds Distributors 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:

Jose David Aragort Sandoval
Name of Person

Three Little Birds Distributors LLC
Firm/Company

1720 NW North River Dr. Apt. 109
Address

Miami, FL 33125
City/State and Zip Code

asandovaljose@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose David Aragort Sandoval at (786) 4484477
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

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: Three Little Birds Distributors LLC

2. (a) 1720 NW North River Dr. Apt. 109, Miami, FL 33125 (b) 1720 NW North River Dr. Apt. 109, Miami, FL 33125
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

3. 07/08/2020 Date of filing/registration in Florida 4. L20000196173 Document number

5. (a) Jose David Aragort Sandoval
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
1023 SW 6 st., Apt 307
Miami, FL 33125

FILED
 2020 SEP - 1 PM 3:55
 SECRETARY OF STATE
 TALLAHASSEE, FL

(b) Jose David Aragort Sandoval
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:
1720 NW North River Dr., Apt 109
Miami, FL 33125

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.

Aragort Signature of a member or authorized representative of a member Jose David Aragort Sandoval 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.

Aragort
 Signature of Registered Agent