

121 000 278639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

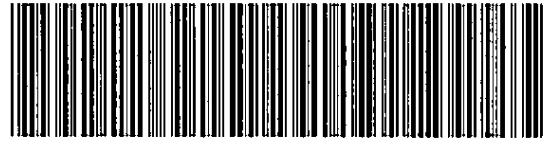
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2021 OCT 21 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FL

CHARCOAL TRADING LLC

Name of Limited Liability Company:

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

SEBASTIAN RIBES 305 3455618

_____ at (_____) _____

Name of Person Area Code & Daytime Telephone Number

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303**

☒ \$25 Filing Fee

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.

CHARCOAL TRADING LLC

1. Name of the limited liability company: 20200 W DIXIE HWY SUITE 707 MIAMI, FL 33180 20200 W DIXIE HWY SUITE 707 MIAMI, FL 33180

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)
 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

06/15/2021

L21000278639

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

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State.
CCS REPRESENTATIVES LLC 20200

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
W DIXIE HWY SUITE 707

MIAMI 33180
, FL

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address.

SEBASTIAN RIBES

NEW Registered Office Address:
20864 NE 32 AVE

MIAMI 33180
, FL

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 made by 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.

ALEJANDRO SANCHEZ

Signature of a member or authorized representative of a member

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
SEBASTIAN RIBES

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 SECRETARY OF STATE
 TALLAHASSEE, FL 32314
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