

L23000279021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

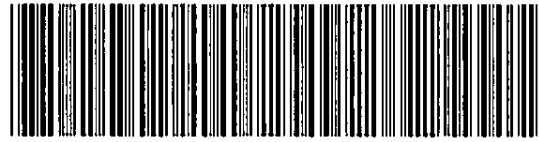
Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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2023 OCT -3 PM 3:40  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

**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: Operacional HO, LLC

2. (a) 5523 NW 57th Terrace (b) 5523 NW 57th Terrace  
 Principal office address of limited liability company: Mailing address of limited liability company.  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*  
Coral Springs, FL Coral Springs, FL  
33067 33067


3. June 8, 2023 4. 1.23000279021  
 Date of filing/registration in Florida Document number

5. (a) OLIVEIRA, PRISCILLA T  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State  
5523 NW 57TH TERRACE  
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
CORAL SPRINGS  
FL 33067

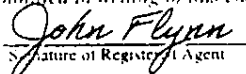
(b) C T Corporation System  
 Enter name of NEW Registered Agent and/or NEW Registered Office address  
1200 South Pine Island Road  
NEW Registered Office Address:  
Plantation  
FL 33324

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 DIVISION OF CORPORATIONS

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.

 Priscilla Oliveira  
 Signature of member or authorized representative of a member Printed or typed name of signer

*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.*

 Assistant Secretary  
 Signature of Registered Agent

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