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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

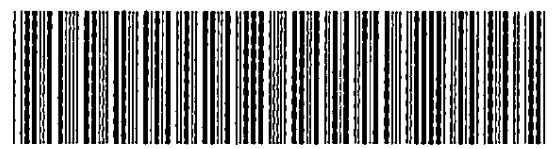
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLEITAS REMODELING 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:

GLORIA J RICO OSPINA
Name of Person

FLEITAS REMODELING LLC
Firm/Company

1475 W 46 ST APTO 307B
Address

HIALEAH FL 33012
City/State and Zip Code

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

For further information concerning this matter, please call:

GLORIA J RICO OSPINA at (754) 2723974
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: FLEITAS REMODELING LLC

2. (a) 1475 W 46 ST APTO 307B HIALEAH FL 33012
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 1475 W 46 ST APTO 307B HIALEAH FL 33012
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 06/29/2023 Date of filing/registration in Florida

4. 932268739 Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
IVIS SANCHEZ

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
1475 W 46 ST APTO 307B HIALEAH , FL 33012

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SECRETARY OF STATE
TALLAHASSEE, FL

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

GLORIA J RICO OSPINA
NEW Registered Office Address:

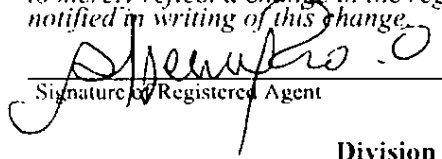
11516 SW 248 LN HOMESTEAD , FL 33032

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.

Signature of a member or authorized representative of a member

IVIS SANCHEZ
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

Florida

DRIVER LICENSE

5522-400-36-559

SANCHEZ

1725 N 60TH ST APT 104

MALDEN MA 02148

DOB 02/19/1996

SEX M

HEIGHT 5'11"

WEIGHT 175

HAIR BROWN

EYES BROWN

SCARS NONE

SEXUAL ORIENTATION NONE

SEXUAL ORIENTATION NONE

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