## 

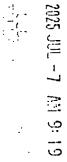
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





67. 67. 25-01677-020 \*\*\*55.00







## **COVER LETTER**

. ▼

TO:	Amendment Section Division of Corporations	
SUBJI Name	ECT: LUXUS KITCHEN & CLOSET COR of Corporation	<u>P</u>
DOCU	JMENT NUMBER: P22000006168	
The en	closed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning the	is matter to the following:
	do Lopez Reyes	
Name	of Contact Person	
Luxus l	Kitchen & Closet Corp	
Firm/C	Company	
6873 N	W 179 ST APT 303	
Addres	ss	
Hialcah	n, FL 33015	
City/St	tate and Zip Code	
	reyes.leonardolopez@gmail.	.com
E-mai	l address: (to be used for future annua	al report notification)
For fur	ther information concerning this matter,	please call:
Leonar	do Lopez	21 (786 ) 5371416
	Name of Contact Person	at (786 ) 5371416  Area Code & Daytime Telephone Number
Enclos	ed is a \$35.00 check made payable to the	e Department of State.
	Mailing Address: Amendment Section	Street Address:
	Division of Corporations	Amendment Section Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	17.0302, 607.1308, or 617.1308, Florida Statu organized under the laws of the State of Florid registered agent, or both, in the State of Florid	ia
I. The name of t	he corporation: LUXUS KITCHEN	N & CLOSET CORP	
2. The principal	office address: 6873 NW 179st apt :	303, Hialeah FL 33015	
_			
4. Date of incorp	oration/qualification: 01/14/2022	Document number: P22000006168	} 
	street address of the current regist tment of State: (If resigned, enter r	tered agent and registered office on file with the resigned)	c
	JOINUSA INC		
	6873 NW 179 STAPT 303HIALEA	AH, FL 33015	
			2025
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered office	(
	Leonardo Lopez Reyes		= 11
	6873 NW 179 STAPT 303HIALEA	AH, FL 33015	တ္ ်
		P.O. Box NOT acceptable :	19
_		street address of the business office of its reg	
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has be	dopted by its board of directors or by an office een notified in writing of the change.	er so
1		Leonardo Lopez Reyes	
I hereby accept I further agree t of my duties, an document is bei	a comply with the provisions of a	Printed or typed name and title rent and agree to act in this capacity, all statutes relative to the proper and complete the obligation of my position as registered age in the registered office address, I hereby cohange.	e performance ent. Or, if this infirm that the
11		6/23/2025	
Sign	hture of Registered Agent	Date	
If signing on be	nalf of an entity:		
Ту	ped or Printed Name		

\* \* \* FILING FEE: \$35.00 \* \* \*