120000265326

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



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08/18/21--01919--032 **25.00



D. BRUCE HAY 19 2021

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 138 CALLE EN SUEN Name of Limited Lie	C LLC ability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and f	fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the for	ollowing:	
JAY ARNESEN		
Name of Person		
138 CALLE ENSUEND, LL Firm/Company	<u>.</u> C	
2728 NF 1074 ST Address	<u> </u>	
Pompano BEACH, FL 330 City/State and Zip Code	<u>*62</u>	2021 HER 18
E-mail address: (to be used for future annual report notific	ATL. Com	8 44 7
For further information concerning this matter, please call:		00 1: 1:
JAY ARNESEN at (201 Name of Person) <u>286 -/881</u> 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:		

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

* 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. Na	ame of the limited liability company:	'ALL	5E	NSUE	20	<u>_</u> _	C_{-}
	2728 NE ICTH ST		_	8 NE	•	5	-
(/	Principal office address of limited liability company:	. (0)		Mailing address	of limited liabi	lity compar	ıy:
	(<u>Note: MUST BE STREET ADDRESS</u>)		_	(Note: MAY	<u>BE POST OFI</u>	FICE BOX)	ı
	Pompano BEACH, FL 33062	<u>.</u> .	Homp	DANO BE	ACH, F	Z <u>3</u> 30	362
-	8/26/20		L 7 (00002		<u> 26 </u>	
3.	Date of ffling/registration in Florida	4.		Document nu	ımber		
5. (a)	Registered Agent and Registered Office shown on the records of the	. 171 - 7 1 . 1		_			
	3020 NORTH MILITARY Registered Office Address (MUST BE FLORIDA STREET AD		MIC	_			
	SUITE 100			_			
	BOCA RATON FL	334	(3/	_	ر 1 سید	202	
	ARNESEN FAMILY HO		م ما	11/	, <u>F</u>	11/13	7.3
(b)	HRNESEN FAMZLY Ho- Enter name of NEW Registered Agent and/or NEW Registered Of	ffice addr	10.05		<u>- 기기</u>		7.
		Tive wage	<u> </u>		70 60 70		- n
	2728 NE 10TH ST					MH 7: 4	, , ,
	NEW Registered Office Address:			-		-	
					;	æ	
				_			
	POMPANO BEACH .FL	_ <i>330</i>	062	_			
If the li	mited liability company is not organized under the laws			vrida it ie hore	ohy confirm	ad that aft	or tha
change	or changes are made, the Florida street address of the re-	gistered	office an	d the business	office of the	e registere	ed
was/wo	vill be identical. Or, in the case of a Florida limited liabilite authorized by an affirmative vote of the members of the second control of the members of the second control of	the limite	ed liabilit	y company or	as otherwise	e change(e provideo	s) 1 in
the arti	cles of organization or the operating agreement of the lin		•	• •	1		
Signat	ure of a member or authorized representative of a member	<u>_</u>	JA4	ARNEST. Printed or typed	1 name of signs		
	•						h tho
provisi the obl	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete per egations of my position as registered agent as provided for By reflect a change in the registered office address, I her Tip writing of his change	rforman or in Ch	ce of my a anter 605	luties, and La FS Or if il	m familiar v his documen	vith and a	ccept flui
to mere notified	ly reflect a change in the registered office address. I her I'm writing of this change.	eby conf	firm that	he limited lia	bility compa	ny has be	en
	14						
Signatur	PROPRESENT ARMESEN FAMILY HOLD	Dznic	-5. L	LC			
	Division of Corporations P.O. Boy		r		4		

FILING FEE: \$25.00