## L11000019101

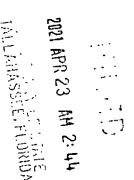
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



700364360157

04/28/21--01018--010 \*\*50.00



## **COVER LETTER**

TO: Registration Section Division of Corporations								
SUBJECT: Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Regis	tered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.						
Please return all con	respondence concerning this matte	r to the following:						
	Jaime Parlage Name of Person							
	Firm/Company	PAR PA						
54	75 Synst Drive #802 Address							
	City/State and Zip Code							
E-mail addres	whise daholmod wm s: (to be used for future annual repo	ort notification)						
For further information	ion concerning this matter, please	call:						
Nai	Jaime Parlane at (	305 ) 670-0400 Area Code & Daytime Telephone Number						
P.O. Box 6	n Section f Corporations	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 amoun	t:						
<b>⊉</b> \$25 Filin	■ \$25 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.

I. Na	me of the limited liability company:		<del> </del>				
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)		failing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	12073 SW 125 St.		1207	3 SW 125	'A_		
	Mani FL 33186			13366			
	02/14/11		L110L	P0019101			
3.	OZ//4/   1 Date of filing/registration in Florida	4.	Do	cument num	ber		
5. (a)	Mohildin Sigal						
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:				
	12073 SW 125 St				Z.	202	
	Registered Office Address <u>AUST BE FLORIDA STREET</u>	(DDRESS)	<del></del>		THYT	021 APR 23	:
	M/ami FL	3316			. SSELT	23 AM	
(b)	Jaim Parlade				1.081 1.081	1 2: 4	* ±
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	<u>ess</u> :		» N	÷	
	5975 Singet Olive#8172						
	NEW Registered Office Address:						
	South M/am, FL	3814	>				
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liar authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered bility com of the limit	office and the pany, it is he call inability comparations of the parties of the p	te business of reby confirm ompany or as	ffice of that	f the re t the cl	egistered hange(s)
Signat	ure of a member or authorized representative of a member		Mahrad Pri	inted or typed r	name of	signee	
I heret provisi the obli to mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. I have the property of the prope	ee to act in performan I for in Ch iereby con	n this capacit ce of my duti apter 605, F. firm that the	y. I further o es, and I am S. Or, if thi. limited liabi	agree t familio docur lity cor	o comp ar with nent is npany	ply with the and accept being filed has been