## K19000111338

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

Office Use Only



000373648250

09:24/21--01025--018 \*+25.00

SEC. CLISTAL TALLMASSEFLEI

02| SEP 24 PM 1: 2



## COVER LETTER

INHS18 (2/14)

## 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.

	17 11	ith	$\bigcirc$		
1. Na	ime of the limited liability company:	-1 -	HVE.		
2. (a)	· · · · · · · · · · · · · · · · · · ·	(b) _	1926	<del></del>	<u> Ise Blu</u>
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		•	dress of limited liabili MAY BE POST OFFI	
	First Lauderdale FL		Fo.(+ 1)	aciderde	ale Fi
	3330U		233	CU	
		_			
	4124/2019		L190	0001113	338
3.	Date of filing/registration in Florida	4.	Docume	nt number	
5. (a)	Geneva Capital G	10	plle	<b>-</b>	
	Registered Agent and Registered Office shown on the records of the F	Florida De	pt. of State:		<b>~</b> >
	Registered Office Address (MUST BE FLORIDA STREET ADD	DRFSS)	<del></del>	7 7 7 7	1021
	registed office runes.	ZNESIY			
	Tig loughandala		5011	KhASSE	24
	tourterdale FL	20	2304	SSE Co-	<u> </u>
(b)	Jaime Sturis			1760 Train	_
	Enter name of NEW Registered Agent and of NEW Registered Off	fice addre	<u>ss</u> :	,	<b>~</b>
	1926 E. Sunrise BI	ud			020
	NEW Registered Office Address:	100	<del></del>		
	Fort Lewderdale FL	<u>32</u>	504		
If the li	mited liability company is not organized under the laws o	of the Sta	ate of Florida, it is	s hereby confirme	d that after the
change agent w	or changes are made, the Florida street address of the reg will be identical. Or, in the case of a Florida limited liabili	istered o	office and the busi pany, it is hereby of	iness office of the confirmed that the	registered change(s)
was/we	ere authorized by an affirmative vote of the members of the cles of organization or the pperating agreement of the limit	ne limite	d liability compan		
	<u> </u>			e Stur	ai S
	ure of a member or authorized representative of a member			typed name of signe	J
l herel provisio	y accept the appointment as registered agent and agree to ons of all statutes relative to the proper and complete perj	o act in formanc	this capacity. I fu e of my duties, an	irther agree to coi d I am familiar w	nply with the ith and accept
the obli	ons of all statutes relative to the proper and complete perj igations of my position as registered agent as provided for Ity reflect a change in the registered office address, I here I in writing of this change.	r in Cha iby confi	pter 605, F.S. Or rm that the limite	t, if this document d liability compar	is being filed ly has been
нопуша	in writing of this change.				
Signatur	re nellegistered Agent				