ne above named entity submits this statement for the purpose of changing its registered office or registered agent, or		
IGNATURE:	NOE CABALLERO	
	Electronic Signature of Registered Agent	

### Authorized Person(s) Detail :

Title	CEO
Name	CABALLERO, NOE F JR
Address	2519 W BEACH ST
City-State-Zip:	TAMPA FL 33607

SIGNATURE: NOE FRANCISCO CABALLERO

Electronic Signature of Signing Authorized Person(s) Detail

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Entity Name: FRANCISCO FLIPS LLC

#### **Current Principal Place of Business:**

500 E KENNEDY BLVD 300 TAMPA, FL 33604

# **Current Mailing Address:**

DOCUMENT# L19000233608

500 E KENNEDY BLVD, SUITE 300, MAILBOX #17 TAMPA, FL 33604 TAMPA, FL 33604 US

# FEI Number: 84-3173882

### Name and Address of Current Registered Agent:

CABALLERO, NOE F JR 2519 W BEACH ST TAMPA, FL 33607 US

The or both, in the State of Florida.

# SI

Electronic Signature of Registered Agent

CEO

## FILED May 01, 2021 Secretary of State 7856381086CC

Certificate of Status Desired: No

05/01/2021

Date

05/01/2021 Date