LU3 000020484

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(city, cato, 2,p/, tione //)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
						
Special Instructions to Filing Officer:						

Office Use Only



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01/10/22--01003--010 **25.90



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.

l. N	ame of the limited liability company: ESTIE, LLC				
2. (a)	Deiracia de Constantina de Constanti	_	/L)		
, ,	(Note: MUST BE STREET ADDRESS)		(b)	Mailing address o	of limited liability company: BE POST OFFICE BOX)
	4550 N. BAY ROAD		4550 N. BAY ROAD		
	MIAMI BEACH, FL 33140		MIAI	MI BEACH, FL 3	33140
	06/06/2003		L0300	00020484	
3. 5. (a)	Date of filing/registration in Florida JUDITH HERMAN	4.		Document nu	mber
<i>5.</i> (u)	Registered Agent and Registered Office shown on the records o	f the Flori	da Dept. o	f State:	
	Registered Office Address (MUST BE FLORIDA STREET) 4550 N. BAY ROAD	ADDRE.	<u>55)</u>		
	MIAMI BEACH, FI	3314()		P II. 2022 JAN 10 SECRETARY TALLAID
(b)	NRAI SERVICES, INC.				N TO
	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:) MH 7: 42
	NEW Registered Office Address:		<u></u> _		. L2
	1200 SOUTH PINE ISLAND ROAD				1., 2.2
	PLANTATION, FI	33324			
gent w ras/wer re artie	mited liability company is not organized under the law age or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of less of organization or the operating agreement of the	ability cof the lir limited	ompany, nited liab liability o	it is hereby confirm	ess office of the registered med that the change(s) s otherwise provided in
Signatu V	te of a member or authorized representative of a member			Printed or typed n	name of sience
merel otified	v accept the appointment as registered agent and agr ns of all statutes relative to the proper and complete gations of my position as registered agent as provided y reflect a change in the registered office address, I h in writing of this change.	I for in i iereby c	Chapter (onfirm th	cupacity. I further to ny duties, and I am 505, F.S. Or, if this lat the limited liabi	agree to comply with the familiar with and accept s document is being filed lity company has been
ignature	of Registered Agent CHRISTOPHER CHEUNG, ASSISTANT SI	ECRETAR	Υ		
	Division of Corporations P.O. B				

CLAS Information Services 2020 Hurley Way, Suite #350 Sacramento CA 95825 Tel: (800) 447-6237

10. (000) 111 023

Job Number: 429781–6671 Date: 1/5/2022

Name: ESTIE, LLC

Request For: Florida

TYPE OF FILING: Change of Agent

Special Instructions:

Please file the attached upon receipt. We have enclosed check #97232 in the amount of \$25.00. Please call with any questions. Thank you in advance for your assistance.

Sincerely,

Judy Culver

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314