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

TO: Registration Section

INHS18 (2/14)

| Division of Corporations | | | | | | |
|--|---|--|--|--|--|--|
| SUBJECT: CORPOTOOL, LLC | | | | | | |
| Name of Limited Liability Company | | | | | | |
| Dear Sir or Madam: | | | | | | |
| The enclosed Registered Agent/Registered Office Chan | ge and fee(s) are submitted for filing. | | | | | |
| Please return all correspondence concerning this matter | to the following: | | | | | |
| | | | | | | |
| Nathalie de Corral | | | | | | |
| Name of Person | | | | | | |
| Trust Counsel, PLLC | | | | | | |
| Firm/Company | | | | | | |
| 201 Alhambra Circle, Suite 802 | | | | | | |
| Address | | | | | | |
| Coral Gables, FL 33134 | | | | | | |
| City/State and Zip Code | | | | | | |
| decorral@trustcounsel.com | | | | | | |
| E-mail address: (to be used for future annual repo | rt notification) | | | | | |
| For further information concerning this matter, please c | all: | | | | | |
| Nathalie de Corral at (| 305) 707-7126 | | | | | |
| Name of Person | Area Code & Daytime Telephone Number | | | | | |
| Mailing Address: | Street Address: | | | | | |
| Registration Section | Registration Section | | | | | |
| Division of Corporations | Division of Corporations | | | | | |
| P.O. Box 6327 | The Centre of Tallahassee | | | | | |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | | |
| Enclosed is a check for the following amount | : | | | | | |
| ☑ \$25 Filing Fee | □ \$55 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.

| 1. Na | ame of the limited liability company: CORPOTOO | L, LLC | | | |
|-------------------------|--|------------------------------|---------------------------|--|---------------|
| | CORPOTOOL, LLC | (b) CORPOTOOL, LLC | | | |
| 2 . (4) | Principal office address of limited liability company: | (°)- | | failing address of limited liability compa | .ny: |
| | (Note: MUST BE STREET ADDRESS) | | | (Note: MAY BE POST OFFICE BOX | 0 |
| | 1050 EAST 25TH ST | _ 1 | 050 EAS | ST 25TH ST | |
| | Hialeah, FL 33013 | H | lialeah, I | FL 33013 | |
| | | | | | |
| | 06/26/2003 | LO | 300002 | 3488 | |
| 3. | Date of filing/registration in Florida | 4. | I | Document number | |
| 5. (a) | SIDLOSCA, RANDALL | | | | |
| J. (u) | Registered Agent and Registered Office shown on the records of | the Florida De | ept. of State: | : | |
| | Sidlosca Law Group, P.A. | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) | ADDRESS) | · · | | |
| | 355 Alhambra Cir, Ste. 1205 | | | | |
| | | | | | |
| | Coral Gables , FI | <u>,33134-5</u> | 038 | 20 | |
| | TRUCT COUNCEL DUI C | | | 2021 St-P | |
| (b) | TRUST COUNSEL, PLLC Enter name of NEW Registered Agent and/or NEW Registered | Office addre | | 7 <u>7</u> 3 | |
| | Lines made of the strategy and the strat | · Omeo naari | <u> </u> | 12 (a) | • |
| | c/o Nathalie de Corral | | | P | |
| | NEW Registered Office Address: | | | <u></u> | ز ر |
| | 201 Alhambra Circle, Suite 802 | | | · - 9 | |
| | · · · · · · · · · · · · · · · · · · · | | | Ψ | |
| | Coral Gables Fi | 33134 | | | |
| | | | | | |
| If the I | imited liability company is not organized under the lave or changes are made, the Florida street address of the | ws of the St registered (| ate of Flor office and | nda, it is hereby confirmed that a the business office of the registe | ner me red |
| agent v | will be identical. Or, in the case of a Florida limited lis | ability com | pany, it is | hereby confirmed that the change | e(8) |
| the arti | ere authorized by an affirmative vote of the members of ides of organization by the operating agreement of the | limited liab | cility comp | company or as otherwise providing pany. | ¢a in |
| | THE STATE OF THE S | | na D. Bati | _ | |
| Signa | ture of a member or authorized representative of a member | | | Printed or typed name of signee | |
| I here | by accept the appointment as registered agent and agr | ree to act in | this capac | city. I further agree to comply w | ith the |
| the obl | ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide eff reflect a change in the registered office address, I | d for in Cha | pter 605, | F.S. Or, if this document is bein | g filed |
| to mer notifie | ely reflect a change in the registered office address, I i d in writing of this change. | nereoy conf | irm that th | ne umitea uabuity company has l | een |
| - W, | INTIM UN | | | | |
| Signatu | re of Registered Agent | | | | |