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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: LOS Ardes Group LLC  Name of Limited Liability Company		
Dear Sir or Madam:		
Dear Sit of Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Virgilio Cartoni Name of Person		
LOS Andes Group LLC Firm/Company		
8356 NW 30 Terrace Address		
Doral, Florida 33122 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Mame of Person at (305) 406 0091  Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:		
\$25 Filing Fee & Certified Copy		

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.

1. Name of the limited liability company: LOS AND LLC
2. (a) 8356 Nw 30 Tevrace  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Doral, FL  33122
Jol 29 2004 LOH 000078990  3. Date of filing/registration in Florida 4. Document number  5. (a) Lamont, Neiman Interian Bollet P. A.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  New World Tower Suits 801  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  100 N. BISCAUPE BIVO.  MIANI, FL., PL. 33132  (b) Virgilio L. Cartoni Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Office Address:  NEW Registered Office Address:
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the charge of changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signature of a mamber or authorized representative of a member  Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.  Signature of Registered Agent  Division of Corporations P.O. Box 6327 Tallahassee, FL 32314