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96	Mr Oscar Rojas 1530 SW 191st T mbroke Pns, FL 330: StateZip Idress)	ger 29-6162
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: 2. The mailing address of the limited liability company is: 3. Date of filing/registration in Florida 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: 2. Light Garces Name 1530 SW 191 + err Poubric Pints FL 33029 City, State and Zip 6. The name and address of the new registered agent and/or office: 1. Light Garces Name 1530 SW 191 + err Florida street address (P.O. Box NOT acceptable) Pewbric Pints FL 33029 City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or 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 or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
SUITE 313 Pewboke Pines FL 33029 1 06000 23614 3. Date of filing/registration in Florida 4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Liliana Garces Name 1530 S.W. 191 + err Address Pewboke Pines FL 33029 City, State and Zip City, State and Zip City State Florida street address (P.O. Box NOT acceptable) Pewboke Pines Per 33029 City, State and Zip City, State and Zip Pewboke Pines Per 33029 City, State and Zip City City City City City City City City City City City City City City City City City City City City City City City City City City City
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Florida Department of State: LiLiana Garces Name 1530 S.W. 191 terr Address Peubnee Pines FL 33029 City, State and Zip 6. The name and address of the new registered agent and/or office: LiLiana Garces Name 1530 S.W. 191 terr Florida street address (P.O. Box NOT acceptable) Peubnee Pines FL 33029 City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby
Address Peuboke Pines FL 33079 City, State and Zip 6. The name and address of the new registered agent and/or office: LiLiana Garces Name 1530 S.W. 191 Fext Florida street address (P.O. Box NOT acceptable) Peuboke Pines FL 33079 City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby
C 141.4 O. A. Alexandra and Learner and the Florida street address of the registered office.
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 member or authorized representative of a member)
Liliana Gards
(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 608, 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 FILING FEE: \$25.00