## 

(Requestor's Name)	_					
(Address)	—					
(Address)						
(City/State/Zip/Phone #)	_					
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status	_					
Special Instructions to Filing Officer:						
11mills:	  -					
Office Use Only						



04/26/24--01024--023 \*\*35.00



## COVER LETTER

TO: Registration Section

Divisi	on of Corporations						
SUBJECT:	LAW OFFICES OF ANGELINA NAMIA, PLLC						
SUBJECT: _	Name o	f Lim	ited L	inbility Company			
Dear Sit or M	adam:						
The enclosed	Registered Agent/Registered Office (	Chang	ge and	i fee(s) are submitted for filing.			
Please return	all correspondence concerning this m	atter '	to the	following:			
Angelina							
	Name of Person						
Law Office	es of Angelina Namia, PLLC						
	Firm/Company						
1530 W B	oynton Beach Blvd., #3361						
	Address						
Boynton 6	Beach, FL 33424		_				
	City/State and Zip Code						
_	squire@namialaw.com						
E-mail	address: (to be used for future annual	repo	rt not	ification)			
For further in	nformation concerning this matter, ple	ease c	ali:				
Angelina	Namia	at (	95 <u>4</u>				
	Name of Person	-		Area Code & Daytime Telephone Number			
Reg Div P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enc	losed is a check for the following a	moun	ıt:				
<b></b> \$	25 Filing Fee			\$55 Filing Fee & Certified Copy			
INHS18 (7/1	4)						

## 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	me of the limited liability company: LAW OFFICE	S OF	ΑI	ANGELINA NAMIA, PLLC
	Law Offices of Angelina Namia, PLLC			Law Offices of Angelina Namia, PLLC
i. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	··· \		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1500 Gateway Blvd., Suite 220			1530 W. Boynton Beach Blvd., #3361
	Boynton Beach, FL 33426	<del>-</del> -	•	Boynton Beach, FL 33424
	06.01.2006			L06000056279
3.	Date of filing/registration in Florida	4.		Document number
5. <b>(</b> a)	Angelina Namia, Esquire			
J. (4)	Registered Agent and Registered Office shown on the records of	he Flori	da [	a Dept. of State:
				75.20
	Registered Office Address (MUST BE FLORIDA STREET.	4DDRE.	<u>(2.2</u>	
	1325 S. Congress Avenue, Suite 104			: PR T
	Boynton Beach , FI	334	26	2024 APR 26
(b)	Angelina Namia, Esquire	<u> </u>		
(-,	Enter name of NEW Registered Agent and/or NEW Registered	Office	#dd	ddress:
	1500 Gateway Blvd., Suite 220			~~~ <b>~</b>
	NEW Registered Office Address:			
	Boynton Beach, FI		42	26
chang agent	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ability of the l	coi imi d li	company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in
Sign	nature of a member or authorized representative of a member	_		Printed or typed name of signee
	why accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide welly reflect a change in the registered office address, I ed to writing of this change.	ree to to perfor ed for i hereby	nct ma n C	rt in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been
Signs	nure of Registered Agent			