

LOG000118230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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APR 24 2024

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOSA ART, LLC
Name of Limited Liability Company

Dear Sir or 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:

Jose R. SOSA

Name of Person

SOSA ART, LLC

Firm/Company

770 CLAUGHTON ISLAND DR SUITE CU-1

Address

MIAMI, FL 33131

City/State and Zip Code

JRSOSA29@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE R SOSA

Name of Person

at (786) 556-7672

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
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

INHS18 (2/14)

PAID \$35 ALREADY

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2024 MAR 27 AM 11:13
CLERK OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2024

JOSE R SOSA
SOSA ART, LLC
770 CLAUGHTON ISALND DR., SUITE CU-1
MIAMI, FL 33131

SUBJECT: SOSA ART, LLC.
Ref. Number: L06000118230

We have received your document for SOSA ART, LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Operations Manager A

Letter Number: 624A00001314

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: SOSA ART, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

770 CLAUGHTON ISLAND DR
SUITE CU-1, MIAMI, FL 33131

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

770 CLAUGHTON ISLAND DR
SUITE CU-1, MIAMI, FL 33131

December 12, 2006

LOG000118230

3. Date of filing/registration in Florida

4.

Document number

5. (a) BISCAYNE BUSINESS MANAGEMENT INC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

BISCAYNE BUSINESS MANAGEMENT INC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4000 Ponce de Leon BLVD
#420, CORAL GABLES, FL 33146

(b) Jose R. Sosa

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

SOSA ART, LLC

NEW Registered Office Address:

770 CLAUGHTON ISLAND DR SUITE CU-1
MIAMI, FL 33131

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2024 MAR 27 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Signature of member or authorized representative of a member

Printed or typed name of signer

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