## #20700018583

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



000190731620

01/14/11--01029--003 \*\*25.00

1 JAN 14 PH 2: 35

EXAMINER
JAN 18 2011

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
	•	
SUB	JECT:	Gomez Ossa International LLC.
		Name of Limited Liability Company
Dear	Sir or Madam:	
The e	enclosed Registered Agent/R	Registered Office Change and fee(s) are submitted for filing.
Pleas	se return all correspondence of	concerning this matter to the following:
	Irene Gon	mez
	Name of Perso	
	Gomez Ossa Intern	
	Firm/Company	<i>'</i>
	13601 SW 143rd C	CT, Unit 104
	Address	
	Miami, FL 3	
	City/State and Zip	Code
	irene@gomezo E-mail address: (to be used for future a	essa.com ennual report notification)
For f	urther information concernin	ng this matter, please call:
	Irene Gomez	at ( 786 ) 522-6666
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADD	RESS: MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	Clifton Building	P.O. Box 6327
	2661 Executive Center Circl	le Tallahassee, Florida 32314
	Tallahassee, Florida 32301	
	Enclosed is a check for the	he following amount:
	<b>✓</b> \$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 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. Name of the limited liability company:	Gomez Ossa International LLC.
2. (a) Principal office address of limited liability co	mpany: 13601 SW 143rd CT, Unit 104
(Note: MUST BE STREET ADDRESS)	13601 SW 143rd CT, Unit 104 Miami, FL 33186
(b) Mailing address of limited liability company:	SAME
(Note: MAY BE POST OFFICE BOX)	13601 SW 143rd CT, Unit 104 Miami, FL 33186
01/04/2011	#L07000078583
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	wn on the records of the Florida Dept. of State:
Registered Agent:	Irene Gomez
Registered Office Address:	14221 SW 120th ST, Suite 126 Miami, FL 33186
(b) Enter name of <u>NEW Registered Agent</u> and/o <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	Irene Gomez  13601 SW 143rd CT, Unit 104
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the charge of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company.	the Florida street address of the registered office identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote so otherwise provided in the articles of organization
Signature of a member or authorized representative of a member	
Irene Gomez  Printed or typed name of signee  I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability co	and agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in
chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability co	in merety reflect a change in the registered office impany has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00