## LU7000081978

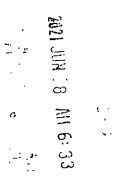
(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)	_							
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								





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06/08/21--01038--006 \*\*25.00



O SIMMONS
JUL 1 3 2021

## **COVER LETTER**

TO:	Registration Section Division of Corporations		· ·
SUBJ	CENTURION PROPERTY MANAGEMEN	NT, L.L.C.	
		imited Lial	bility Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Office Ch	ange and fe	e(s) are submitted for filing.
Please	return all correspondence concerning this matt	er to the fol	llowing:
EDUA	RDO GONZALEZ		
	Name of Person		-
FLORI	DA CORPORATE REGISTERED AGENTS, LLC		
	Firm/Company		-
8323 N	W 12 STREET, SUITE 102		
	Address		-
DORA	L. FL 33126		
	City/State and Zip Code		-
E.GON	ZALEZ@GRC-CPA.COM		
Ē	-mail address: (to be used for future annual rep	ort notifica	tion)
For fur	ther information concerning this matter, please	call:	
EDUAI	RDO GONZALEZ	305	477-6969 )
	Name of Person		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 amoun	ıt:	
	■ \$25 Filing Fee	<b>\$</b> 55 1	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.

2. (a)	14054 NW 82 AVENUE			(b) 14054 NW 82 AVENUE						
(- /	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	MIAMI LAKES. FL 33016	_	_	MIAMI L	LAKES, FL 3301					
		_	_							
	08/09/2007		L	07000081	1978					
3. 5. (a)	Date of filing/registration in Florida ROBLEDO, ANTHONY	4.			Document nun	nber				
J. (a)	Registered Agent and Registered Office shown on the records of th	ie Flori	da D	ept. of Sta	nte:					
	Registered Office Address (MUST BE FLORIDA STREET A. 3901 NW 79TH AVENUE, SUITE 104	ADDRESS)			_	· ,	2521			
	DORAL , FL	3166			 	7	1921 JUH			
(b)	FLORIDA CORPORATE REGISTERED AGENTS, LLC.						ထ်			
(0)	Enter name of NEW Registered Agent and/or NEW Registered (	Office :	ıddr	ess:	_		AH 6: 37	T		
	NEW Registered Office Address:				<u> </u>		w.			
	8323 NW 12 STREET, SUITE 102				<del></del>					
	DORAL, FL	3126								
change agent v was/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabere.	egiste ility o the li mited	red com mite l lial	office ar pany, it i ed liabili bility cor	nd the business of is hereby confirm ty company or a mpany.	office of the ned that the	registe change	red e(s)		
د دد		EI	UA	RDO GO	)NZALEZ	· · ·				
I here provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he d in writing of this change.	erfori	nan	ce of mv	duties, and I am	agree to co i familiar w	mply wi	accept		

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

Registered Agent