

109 0000 36802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

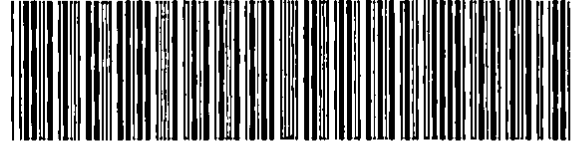
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Diane Cushing

6/18/19

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2019 MAY 30 AM 10:05

FILED

C. GOLDEN

JUN 18 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ExpoCredit 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:

George Heisel

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Name of Person

ExpoCredit LLC

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Firm/Company

1450 Brickell Ave, Suite 2660  
Address

Miami, FL 33131

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City/State and Zip Code

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

For further information concerning this matter, please call:

Joe Suarez \_\_\_\_\_ at ( 305 ) 347-9222  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☒ S55 Filing Fee & Certified Copy

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) ExpoCredit LLC

5. (a) Inappropriately changed on 5/24/2019 without permission

\_\_\_\_\_ , FL.

(b) Mark Chaves

Miami FL 33131

(b) ExpoCredit LLC

4. Document number

2019 MAY 30 AM 10:05

Signature of a member or authorized representative of a member

Printed or typed name of signee

Signature of Registered Agent