

LD9 000076704

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
DIVISION OF CORPORATION  
10 FEB 16 PM 1:53

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Reina Consulting  
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:

Carlos A. Bruno

Name of Person

Reina Consulting

Firm/Company

3087 McDonald Street

Address

Coconut Grove, FL 33133

City/State and Zip Code

vivireina12@yahoo.com

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

For further information concerning this matter, please call:

Veronica Reina  
Carlos A. Bruno

Name of Person

at (786) 385-5090

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

☐ \$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: Reina Consulting

2. (a) Principal office address of limited liability company:



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

3087 McDonald Drive  
Miami, FL 33133

(b) Mailing address of limited liability company:



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

3087 McDonald Drive  
Miami, FL 33133

08.10.2009  
3. Date of filing/registration in Florida

L09000076704  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Carlos A. Bruno

Registered Office Address:

1900 N. Bayshore Drive  
#2118  
Miami, FL 33132

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

**NEW** Registered Agent:

Carlos A. Bruno

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

3087 McDonald Street  
Coconut Grove, FL 33133

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 a member or authorized representative of a member

Carlos A. Bruno  
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 608, 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

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