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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
FICK-OF WAII
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE
TALLAHASSEE, FLORID

N. Culligan SEP 13 2011

COVER LETTER

Division of Corporations						
SUBJECT:	Re	eina C	onsultin	a HC		
SOBJECT.	UBJECT: Reina Consulting, LLC Name of Limited Liability Company					
			•	. ,		
Dear Sir or Madam:						
The enclosed Registered A	Agent/Registered (Office C	Change and	i fee(s) are si	ubmitted for filing.	
Please return all correspon	idence concerning	this ma	atter to the	following:		
Var	naina Daina					
Veronica Reina Name of Person						
Firm	/Company		· · · · · · · ·			
10030 5	SW 213 Street					
	ldress	· · · · ·				
Cutler E	Bay, FL, 33189					
	e and Zip Code	•				
vivireina E-mail address: (to be used f	12@gmail.com	otification				
D man madress, (to oc uses)	or ratare unitar report is	ioiniçano.	.,			
For further information co	ncerning this matt	ter, plea	se call:			
Veronica R	eina	_ at (786		385-5090	
Name of Perso	n		Area	Code & Daytim	e Telephone Number	
STREET/COURIE	R ADDRESS:		MAILE	NG ADDRES	SS:	
Registration Section	-					
•	ivision of Corporations Division of Corporations			ons		
Clifton Building				10014		
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301			52314			
i alianassee, Fiorida	32301					
Enclosed is a check for the following amount:						
\$25 Filing Fee			\$55 Fi	iling Fee & C	Certified Copy	
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TO: Registration Section

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.

Name of the limited liability company:	Reina Consulting, LLC				
2. (a) Principal office address of limited liability company	: Veronica Reina				
(Note: MUST BE STREET ADDRESS)	10030 SW 213 Street Cutter Bay, FL 33189				
(b) Mailing address of limited liability company:	10030 SW 213 Street 5				
(Note: MAY BE POST OFFICE BOX)	Cutler Bay, FL 33189 n ⊋ □				
	L090000767@ 2				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on a	the records of the Florida Dept. of State:				
Registered Agent:	Veronica Reina				
Registered Office Address:	3087 McDonald St				
	Miami Fl 33133				
(b) Enter name of NEW Registered Agent and/or NEV	W Registered Office address:				
NEW Registered Agent:					
NEW Registered Office Address:	10030 SW 213 Street				
(MÜST BE FLORIDA STREET ADDRESS)	Cutter Bay ,FL 33189				
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					
Veronica Reina	_				
Printed or typed name of signee I hereby accept the appointment as registered agent and as comply with the provisions of all statules relative to the provisions of all statules relative to the provisions of and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company Signature of Registered Agent	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.				

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