## L10000016292

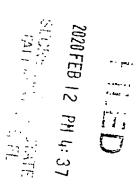
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
•
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400340254414

02/12/20--01016--001 \*\*55.00



A & L Accounting Services, Inc. 15002 SW 65<sup>th</sup> Terrace Miami, Florida 33193-2009 USA Phone: (305)386-1518

E-mail: <u>aadavila1@aol.com</u> IRS PTIN: PO 1277956

Miami, Fl February 4, 2020

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

Ref: La Esperanza Export, LLC L1 000016292

Dear Sirs:

Attached please find check No. 108 in the amount of \$55.00, corresponding to the Registered Agent and Office Change fees for La Esperanza Export, LLC.

Best regards,

Alejandro Davila

A & L Accounting services, Inc

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: LA ESPERANZA EXPORT 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:
JOHN WILLIAM SEABERG Name of Person
LA ESPERANZA EXPORT LLC Firm/Company
68 SE 6th STREET  Address
MIAMI F1. 33131 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John Seaver 9 at (303) 668-7991  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

💢 \$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

Enclosed is a check for the following amount:

## 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.

1 A FRANCISCO F 1 ) C	
1. Name of the limited liability company: LA ESPERANZA EXPORT LLC	
2. (a) 5124 PINE ABBEY DRS, West & Im Benefit 1. (b) 8901 SW 157H AVE, SUITE 16#	-159 Mami
Principal office address of limited liability company: 33 415 Mailing address of limited liability company	19: F-1, 33191
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX	
+ FBRUARY 11,2010 L10000 16292	
3. Date of filing/registration in Florida 4. Document number 50	
5. (a) CARLOS A. RODRIGUEZ	~s +++
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	 
, To 12	4 T
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	g i j
5124 PINE ABBEY DRS	
WEST PALM BEACH , FL 33415	
7 ( 12:11:	
(b) John William Seaberg	
Enter name of NEW Registered Agent and/or NEW Registered Office address:	
JOHN WILLIAM SEABERG-PRESIDENT-US PASSFORT # 48810704	10
NEW Registered Office Address:	•
68 SE 6th STREET	
MINGI	
111 AT 1 .FL 33131	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that a	fter
the change or changes are made, the Florida street address of the registered office and the business office of the regagent will be identical. Or in the case of a Florida limited liability company, it is hereby confirmed that the change	ristered
was/were authorized by an affirmative yote of the members of the limited liability company or as otherwise provide	ed in
the articles of organization or the operating agreement of the limited liability company.	_
Signature of a member or authorized representative of a member Printed or typed name of signee	era
the same the approximant as registered agent and agent to get in this sungain. I further surge to comply to	rith the
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered about as provided for in Chapter 605, F.S. Or, if this document is being	accept 12 filed
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is bein to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has a notified in writing of this change.	5éen
Signature of Registered Agent	

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