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## COVER LETTER

TO: Registration Section Division of Corporations		
·		
SUBJECT: ANA MARIA OLIVA LLC		
Na	me of Limited I	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	fice Change and	free(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to the	following:
Ana Maria Oliva		
Name of Person		<del></del>
ANA MARIA OLIVA LLC		
Firm/Company		
3110 W Chapin Ave	_	
Address		
Tampa, FL 33611		
City/State and Zip Code		
AnaMaria_Oliva@Yahoo.com		
E-mail address: (to be used for future an	nual report noti	fication)
For further information concerning this matter	, please call:	
Ana Maria Oliva	at ( <u>813</u>	) 294-2660
Name of Person		Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303
Enclosed is a check for the following	g 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 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)	3110 W Chapin Ave	(b) 3110 W Chapin Ave		
۷. (ii)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	Tampa, FL 33611	Tampa	oa. F1, 33611	
	01/08/2024	L11000	0078512	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	OLIVA, ANA-MARIA			
. ()	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	of State:	
	403 VONDERBURG DRIVE			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	SUITE #101		PALLAHY	
	BRANDON FI	_33511	HAY 21 AM 8	
, - ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	FILED 2024 MAY 21 AM 8: 55 TALLAHASSEE, FLORIDA	
	NEW Registered Office Address:			
	3110 W Chapin Ave			
	Tampa . FL	_33611		
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the united of a member or authorized representative of a member	registered office ability company, of the limited lial limited liability	re and the business office of the registered r, it is hereby confirmed that the change(s) ability company or as otherwise provided in recompany.  WATA LIVE WD  Printed or typed name of signee	
provisi the obl to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, Lid in writing of this change.	ee to act in this , performance of , d for  in Chapter hereby confirm to	capacity. I further agree to comply with the my duties, and I am familiar with and accept to 605, F.S. Or, if this document is being filed that the limited liability company has been	
Signatu	re of Registered Agent			