L/1000/23502

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	AIL.
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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MAY 2.3 2019	
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Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORIGA

05/17/13--01023--009 **55.00

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT

192 Jewelry Pawn,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:

Rafael Rosado

Name of Person

192 Jewelry Pawn

Firm/Company

1930 Boggy Creek Road

Address

Kissimmee, FL 34744

City/State and Zip Code

RAFAELR1953@YAHOO.COM

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

For further information concerning this matter, please call:

Rafael Rosado

_,,321

303-2204

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

■ \$55 Filing Fee & Certified Copy

INHS18 (5/08)



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.

i. ina	me of the limited liability company: 192 Jewelry Pawr	n,LLC		
2. (a)	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	SUITE 108 CLERMONT, FL 34714		
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	9350 US HIGHWAY 192 SUITE 108 CLERMONT, FL 34714		<u>-</u>
10/31/2	011	L11000123502		
3. Da	te of filing/registration in Florida	4. Document number		_
5. (a	Registered Agent and Registered Office shown of Registered Agent:	n the records of the Flori	da Dept. of State:	
	Registered Office Address:	9350 US HIGHWAY 192 SUITE 108 CLERMONT, FL 34714	AHASSET	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	EW Registered Office a	Industrial St.	!
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1930 BOGGY CREEK ROAD KISSIMMEE, FL 34744	.FL	_
confin	limited liability company is not organized under the med that after the change or changes are made, the business office of the registered agent will be ide	Florida street address of	the registered office	_
liabili the m the or	ty company, it is hereby confirmed that the change embers of the limited liability company or as other perating agreement of the limited liability company from the of a member or authorized representative of a member	(s) was/were authorized t wise provided in the artic	by an affirmative vote	of

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