

L12 000049728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

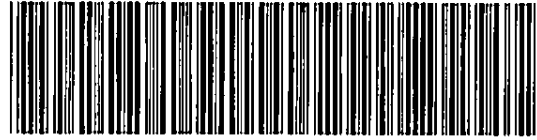
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800367655788

RA ERO
change

05/11/21--01017--003 **25.00

SECRETARY OF STATE
ELECTRONIC FILING

2021 JUN 11 AM 11:16

FILED

JUL 15 2021
A RAMSEY

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUCHO CHIRINOS REAL ESTATE INVESTMENTS, I.L.C
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:

GRISEL MORALES, ESQ.

Name of Person

LAW OFFICES OF GRISEL MORALES, P.A.

Firm/Company

7355 SW 87TH AVE STE 200

Address

MIAMI, FL 33173

City/State and Zip Code

GRISEL@MORALES.PA.COM

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

For further information concerning this matter, please call:

GRISEL MORALES 305 403-0641

Name of Person at () Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 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. Name of the limited liability company: LUCHO CHIRINOS REAL ESTATE INVESTMENTS, LLC

2. (a) 2298 STRATUS DR. (b) 2298 STRATUS DR.

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

OAKVILLE, ONTARIO

OAKVILLE, ONTARIO

CANADA, L6M 4Z9

CANADA, L6M 4Z9

04/04/2012

L12000049728

3. Date of filing/registration in Florida 4. Document number

5. (a) MOISES A. SALTIEL, ESQ.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2600 S DOUGLAS RD - STE. 502

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

CORAL GABLES, FL 33134

LAW OFFICES OF GRISEL MORALES, P.A.

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

7355 SW 87TH AVENUE, SUITE 200

NEW Registered Office Address:

MIAMI, FL 33173

2021 JUN 11 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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]
Signature of a member or authorized representative of a member

LUIS CHIRINOS
Printed or typed name of signee

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 605, 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]
Signature of Registered Agent