

L120000 58850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

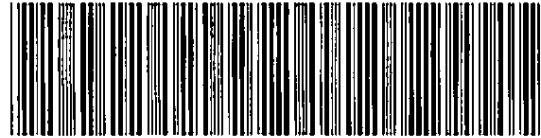
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MAR 19 2019
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NYA Wood Floor
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:

Noel Gallego
Name of Person

Firm/Company

8320 NW 95th #309
Address

Miami, Florida 33126
City/State and Zip Code

gallego.noel136@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Noel Gallego at (786) 564-8403
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

2019 MAR -8 AM 8:00
FILED
TALLAHASSEE, FLORIDA

**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: NYA Wood Floor LLC

2. (a) 8370 NW 8 ST (b) 8370 NW 8 ST
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Apt. 309 Apt. 309
Miami, FL 33126 Miami FL 33126

3. 05/01/2012 4. L12000058850
Date of filing/registration in Florida Document number

5. (a) Gallego, Noel
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

8370 NW 8 ST
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Apt. 309
Miami FL 33126

(b) Eloy Gallego Garcia
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

_____. FL _____

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] Noel Gallego
Signature of a member or authorized representative of a member Printed or typed name of signer

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