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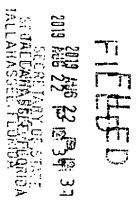
(Requestor's Name)						
(Address)						
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(Ci	ty/State/Zip/Phone	e #)				
PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to	Filing Officer:					
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Office Use Only



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COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divis	sion of Corporations					
SUBJECT:	Linda Friedman Ramirez Latin Art LLC Name of Limited Liability Company					
SOBJECT.						
Dear Sir or M	1adam:					
The enclosed	Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.				
Please return	all correspondence concerning thi	s matter to the following:				
Linda Fried	dman Ramirez					
	Name of Person					
	Firm/Company					
Suite 400,	433 Central Avenue					
	Address					
St. Petersb	ourg, Florida 33701					
	City/State and Zip Code					
lindafriedm	nanramirez@gmail.com					
E-mail	address: (to be used for future ann	ual report notification)				
For further in	nformation concerning this matter,	please call:				
Linda Fried	lman Ramirez	_ at () <u>727-877-6973</u>				
	Name of Person	Area Code & Daytime Teleph	one Number			
Regi: Divis Clifte 2661	stration Section sion of Corporations on Building Executive Center Circle thassee. Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enol	osed is a check for the following	amount:				
1 \$2	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.

i. Na	ame of the limited liability company: Linda Friedman	n Ramire	ez Latin /	Art LLC			
2. (a)	433 Central Avenue, Suite 400 St Petersburg,	(b) 4	33 Cent	ral Avenue, S	Suite 4	00 St Petersb	
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- (*/-		ailing address of li (Note: MAY BE I			
	06/4/2012		2000073	- · · · · · · · · · · · · · · · · · · ·			
3.	Date of filing/registration in Florida	4.	Γ	Document numb	er		
5. (a)	Linda Friedman Ramirez		_				
	Registered Agent and Registered Office shown on the records of the Unit 103	e Florida De	pt. of State:				
	Registered Office Address (MUST BE FLORIDA STREET AL	DRESS)					
	St Petersburg _{F1} 3	3705					
(b)	Linda Friedman Ramirez Enter name of NEW Registered Agent and/or NEW Registered O	ffice addres	<u>ss</u> :	SECR! JALLAF	2019 #	7	
	Suite 400, 433 Central Avenue			#S.Z.	版 2	Language Tables	
	NEW Registered Office Address:			333 7.58	?2	E for your	
	St Petersburg, Florida			FLORIDA			
	, FL ³	3701					
the cha agent w was/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the line	ne register ility comp the limited	ed office a any, it is h I liability	and the business hereby confirme company or as	office of that the	of the registered he change(s)	
	Linds F (Smirer	Linda		n Ramirez			
	ore of a member of authorized representative of a member			rinted or typed nar	_		
Thereb provision he obli o mere notifie	ny accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pergations of my position as registered agent as provided to the reflect a change in the registered office address. I he will not this ghange	to act in erformanc for in Cha reby confi	this capac e of my du pter 605, i rm that th	city. I further as uties, and I am f F.S. Or, if this we limited liabili	gree to c amiliar docume ty comp	comply with the with and accept nt is being filed any has been	
Signatur	e of Registered Agent	`					
- verkarnı	opringional right /						