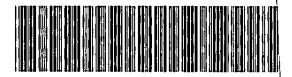
## L13000001210

(Req	uestor's Name)			
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(City	/State/Zip/Phone #	)		
PICK-UP	☐ WAIT	MAIL MAIL		
(Bus	iness Entity Name)	<del></del>		
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to F	iling Officer:			

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2022 MAY 23 PM 1: ZS SECKETARY OF STATE TALL AHASSEE, FL

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	DE TORO HOLDINGS, LLC	
	Name of Li	mited Liability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.
Please	return all correspondence concerning this matte	r to the following:
Lorenzo	o De Toro III	
	Name of Person	
DE TO	RO HOLDINGS, LLC	
	Firm/Company	<del></del>
5434 S	W 8th St	
	Address	
Coral C	Gables, FL. 33134	
	City/State and Zip Code	<del></del>
lorenzo	@detoro.com	
Ē	-mail address: (to be used for future annual rep	ort notification)
For fur	ther information concerning this matter, please	call:
Lorenzo	o De Toro !!!	446-0202
	Name of Person	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 amoun	t:
	■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

NHS18 (2/14)

## 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.

. (a)	DE TORO HOLDINGS, LLC		(b) DE TOR	O HOLDINGS.	LLC	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability cor (Note: MAY BE POST OFFICE B 5434 S. W. 8TH STREET CORAL GABLES, FL 33134			- (-
	5434 S. W. 8TH STREET					
	CORAL GABLES, FL 33134					
	01/03/2013		L1300000	1210		
•	Date of filing/registration in Florida	4.		Document nu	ımber	<del></del>
. (a)	WERMUTH PANELL & ORTIZ, PLLC					
. (u)	Registered Agent and Registered Office shown on the records WERMUTH PANELL & ORTIZ, PLLC	of the Flo	rida Dept. of St	ate:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			<del></del>	· · · · · · · · · · · · · · · · · · ·	
	8750 NW 36TH STREET, SUITE 425				1022 HAY 23 SEURETAR TALLAHA	c=5=5
	Doral	FL_33178	3		IAY 23 1	######################################
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> RIERA LAW FIRM	red Office	address:		PH 1:25 OF STATE SEE, FL	O
	NEW Registered Office Address:	<del>_</del>				
	340 Sevilla Avenue		·			
	Coral Gables	FL	<b>.</b>			
hange gent v vas/we	imited liability company is not organized under the or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the member of the description of the operating agreement of the description of the operating agreement of the description of the operating agreement of the operat	he regist liability s of the l he limite	ered office as company, it imited liabili d liability co	nd the business is hereby confi ity company or mpany,	office of the reg	gistered ange(s)
Signat	ture of a member or authorized representative of a member	L	orenzo De To		I name of signee	
l herel rovisi he obl o mere	by accept the appointment as registered agent and a cons of all statutes relative to the proper and comple igations of my position as registered agent as providing reflect a change in the registered office address, I by writing of this change.	igree to d te perfoi ded for i I hereby	act in this cap mance of my n Chapter 60 confirm that	nacity I further	r agree to comm	ly with the and accep being filed as been