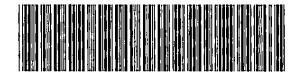
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(Re	questor's Name)			
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(Cit	y/Ŝtate/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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(CC)	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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JUN 19 2020 I ALBRITTON

## **COVER LETTER**

TO: Registration Section Division of Corporations	•
SUBJECT: Simanal LLC Name of Limited Lia	bility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and for	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	llowing:
JOSEPH VARELA	
Name of Person	
Firm/Company	_
12360 SW 132 Court,	Suite 214
Miami, F/. 33(80	
City/State and Zip Code  Varela G 3 2 0  E-mail address: (to be used for future annual report notific	
or further information concerning this matter, please call:	
JOSEPH VARELA 78	6 - 732 - 4522 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 Fce & 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	y: Simana	1 LLC		
2. (a)	(	b)		
Principal office address of limited	l liability company:	Mailin ( <u>No</u>	ng address of limited lic ote: MAY BE POST O	FFICE BOX)
12360 SW 132	Court, 214	123	60 SW1	32 Court,
Miami, Fl. 3	3186	Miami, F	60 SW1 1. 33186	Suiteal
1-28-20		<del></del>	000014	1079
3. Date of filing/registration	in Florida 4.	1200	ument number	
Registered Office Address (MUST BE)  20803 Bisc  Aventura  (b)  Enter name of NEW Registered Agent at  JOSEPH	Marcus EFLORIDA STREET ADDRES  ayne Boule  FL 3  Ind/or NEW Registered Office a	yard 3180 ddress:		F. 11. F. 1) 2020 JUH-2 PH 2: 58
NEW Registered Office Address:				,
Miami	, FL	3186	2ip Ga	e
If the limited liability company is not orgathange or changes are made, the Florida's agent will be identical. Or, in the case of was/were authorized by an affirmative volute articles of organization or the operation.  Signature of a member or authorized representation of the accept the appointment as register rovisions of all statutes relative to the property reflect a change in the registere of office in writing of this change.	street address of the register a Florida limited liability e te of the members of the lin ag agreement of the limited ive of a member	red office and the ompany, it is her nited liability compan liability compan Prince in this capacity	ti is hereby confired business office of eby confirmed that impany or as otherway.  SEPH  Med or typed name of signification.	med that after the the registered the change(s) rise provided in ARELA gnee

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