

h13000096613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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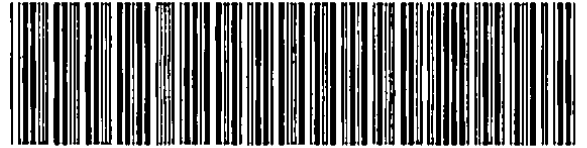
(Business Entity Name)

(Document Number)

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JACKSONVILLE, FL

Y GULKER
NOV 29 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CACHICAMO LLC

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:

Name of Person

SYED MANRARA & ASSOCIATES, LLC

Firm/Company

300 SEVILLA AVE, SUITE 205

Address

CORAL GABLES, FL 33134

City/State and Zip Code

TSYED@ZUBEROSYED.COM

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

For further information concerning this matter, please call:

TALHA G. SYED

305 615-1458
at ()

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 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: CACHICAMO LLC

2. (a) 147 ALHAMBRA CIRCLE, SUITE 214
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) C/O SMA LLC 300 SEVILLA AVE SUITE 205
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 07/08/2013 Date of filing/registration in Florida
4. 1.13000096613 Document number

5. (a) SYED MANRARA & ASSOCIATES
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
8360 WEST FLAGER ST. SUITE 200
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
MIAMI, FL 33144

(b) SYED MANRARA & ASSOCIATES, LLC
Enter name of NEW Registered Agent and/or NEW Registered Office address:
300 SEVILLA AVE, STE 205
NEW Registered Office Address:
CORAL GABLES, FL 33134

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

TALHA G. SYED
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 effect 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

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

FILED
2021 JUL -8 PM 2:08
TALLAHASSEE, FL