

L13 000 121 920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

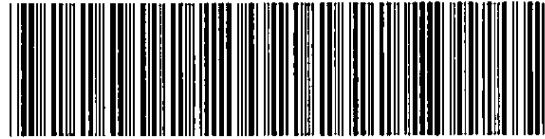
(Business Entity Name)

(Document Number)

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04/25/23--01020--019 \*\*25.00

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SECRETARY OF STATE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

CLAUDIO M IGLESIAS LLC

**SUBJECT:** \_\_\_\_\_  
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:

CLAUDIO MANUEL IGLESIAS TRONCOSO

\_\_\_\_\_  
Name of Person

CLAUDIO M IGLESIAS LLC

\_\_\_\_\_  
Firm/Company

25 SE 2nd Ave, Ste 550 PMB 378

\_\_\_\_\_  
Address

Miami, FL 33131

\_\_\_\_\_  
City/State and Zip Code

CI@CLAUDIOIGLESIAS.NET

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

For further information concerning this matter, please call:

CLAUDIO MANUEL IGLESIAS TRONCOSO      786      608-5732

\_\_\_\_\_  
Name of Person      at (      )      \_\_\_\_\_  
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

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SECRETARY OF STATE

# 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.*

CLAUDIO M IGLESIAS LLC

1. Name of the limited liability company: \_\_\_\_\_  
 25 SE 2nd Ave Ste 550 Miami, FL 33131 25 SE 2nd Ave Ste 550 PMB 378 Miami, FL 33131

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*

08/28/2013 L13000121920  
 3. Date of filing/registration in Florida 4. Document number  
 Claudio Manuel Iglesias Troncoso

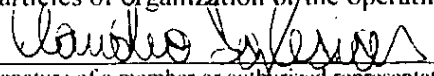
5. (a) \_\_\_\_\_  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
 25 SE 2nd Ave Ste 550 PMB 378

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
 Miami 33131  
 \_\_\_\_\_, FL \_\_\_\_\_

(b) PSM Registered Agent LLC  
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
 25 SE 2nd Ave Ste 550  
**NEW Registered Office Address**:  
 MIAMI 33131  
 \_\_\_\_\_, FL \_\_\_\_\_

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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.

 \_\_\_\_\_ CLAUDIO MANUEL IGLESIAS TRONCOSO  
 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.*

**RENAE GRAVES**  
 \_\_\_\_\_  
 Signature of Registered Agent