## L13000123117

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2021 MAR 29 AM II: 15
SECRETARY OF STATE
ORIDA

## COVER LETTER

TO:	O: Registration Section Division of Corporations				
Sübji	ьст: <u>Caenabe Heldings, LLC</u>				
Name of Limited Liability Company					
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.			
Please	return att correspondence concerning this n	natter to the following:			
Emil	Lopez				
	Name of Person	<del></del>			
Сао	nabo Holdings, LLC				
	Firm/Company				
2114	4 N Flamingo Road Ste 2096				
	Addrose				
Pem	broke Pines, FL 33028				
	City/State and Zip Code				
-	ez@caonaboholdingc.com				
E	E-mail address: (to be used for future annual	report notification)			
For fu	ther information concerning this matter, ple	ase call:			
		at (			
	Name of Person	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS:	MAILING ADDRESS:			
	Registration Section	Registration Section			
	Division of Corporations	Division of Corporations			
	Cition Building	P.O. Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
	Enclosed is a check for the following am	nount:			
	© \$25 Filling Fee	S55 Filing Fee & Certified Copy			
INHS1	8 (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

1. Na	ame of the fimited liability company: Caonabo H	foldings, LL	<u>C</u>
2. (a)	Principal Office	(b) Mailin	g Address
2. (41)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2114 N Flamingo Road Ste 2096	2114	N Flamingo Road Ste 2096
	Pembroke Pines, FL 33028	Pembr	oke Pines, FL 33028
	August 30, 2013	L1300	0123117
1	Date of filing/registration in Florida	4	Document number
5. (a)			
. (u)	Registered Agent and Registered Office shown on the records of t	the Florida Dept. of S	tate:
			<u></u>
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	202 TAI
			2021 MAR 29 TALLAHASSI
	FL		R 2
	Pagistared Agents Inc		
(b)	Registered Agents Inc.  Enter name of NEW Registered Agent and/or NEW Registered	Office address:	AMII: 15
	Enter name of NEW Registered Agent and/or NEW Registered	Office auditess.	REAL TO
	7901 4th St N		DFI DI
	NEW Registered Office Address:		<del></del>
	STE 300		<u></u>
	St. Poteraburg ,FL	33702	
the cha agent was/was/was/was/was/was/was/was/was/was/	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the object of a member of a member of a member of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have prunny of this change.  Bill Havre - Assistan	the registered off ability company, is of the limited liability of the liabil	Printed or typed name of signee  Apacity. I further agree to comply with the charge of the registered in particular. I further agree to comply with the charge of the comply with the charge. The charge of the comply with the charge. The charge of the char

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

Signature of Registered Agent