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legistration Section : ۳. Division of Corporations 5 Τ: imited Liability Company

or Madam:

osed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

arn all correspondence concerning this matter to the following:

KAMON L. Blanco

Diteg 1/c

2.36 NW 68 ST Address

<u>lium</u> <u>FL</u> 33166 City/State and Zip Code

itegilc @ gmail. Com ail address: (to be used for future annual report notification)

er information concerning this matter, please call:

Anne of Person at (732) 803-0366 Name of Person Area Code & Daytime Telephone Number

Jailing Address: legistration Section Division of Corporations

'.O. Box 6327 allahassee, FL 32314

Street Address:

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

inclosed is a check for the following amount:

\$\$25 Filing Fee

\$55 Filing Fee & Certified Copy

LIMITED LIABILITY COMPANY

t to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

ne of the limited liability company: NW (b)Principal office address of limited liability company: Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) (Note: MUST BE STREET ADDRESS) 33166 QOC 141540 8 Date of filing/registration in Florida anco AMON Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 72 Aug NW (MUST BE FLORIDA STREET ADDRESS) Registered Office Address 16167 -MOI Intername of NEW Registered Agent and/or NEW Registered Office address: 10: 56 Koya NEW Registered Office Address: nited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered Il be identeal. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) e authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in les of organization of the operating agreement of the limited liability company. KAMOH L. Printed or typed name of a member or authorized peresentative of a member re of accept the appointment as fegistered agent and agree to act in this capacity. I further agree to comply with the ns of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed y reflect a change in the fegistered office address, I hereby confirm that the limited liability company has been іnМ havi of Registered Agent Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314

FILING FEE: \$25.00