

L13 000 164 962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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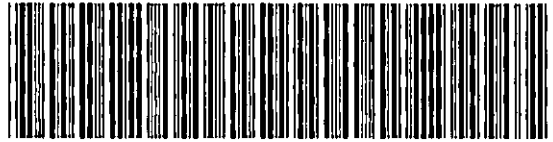
(Business Entity Name)

(Document Number)

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FILED
19 MAY 23 AM 8:44
U.S. DISTRICT COURT
DISTRICT OF COLUMBIA

O SIMMONS

JUN 08 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HIDROFLO INTERNATIONAL 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:

REBECA SAEZ
Name of Person

HIDROFLO INTERNATIONAL LLC
Firm/Company

14730 SHOTGUN RD
Address

DAVIE FL 33325
City/State and Zip Code

REBECA@HIDROFLO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REBECA SAEZ at (305) 726 3901
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: HIDROFLO INTERNATIONAL LLC
2. (a) 18501 PINES BLVD, PEMBROKE PINES (b) 18501 PINES BLVD, PEMBROKE PINES
Principal office address of limited liability company: FL 33029 Mailing address of limited liability company: FL
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 11/25/2013 Date of filing/registration in Florida 4. L13000164962 Document number

5. (a) REBECA SAEZ
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

14730 SHOTGUN RD
DAVE, FL 33325

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

REBECA SAEZ
NEW Registered Office Address:
1500 WESTON RD, WESTON FL 33326
SUITE 200
, FL

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

REBECA SAEZ
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