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11/20/17--01017--014 **25.00

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	Carolina Maldonado, LLC						
	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Of	fice Change and f	ee(s) are submitted for filing.				
Please	return all correspondence concerning th	nis matter to the fo	ollowing:				
Carol	ina Maldonado						
	Name of Person		_				
Carol	ina Maldonado, LLC						
	Firm/Company		_				
2347	Feather Palm Court		. •				
	Address		_				
Boca	Raton, FL 33433						
	City/State and Zip Code		_				
carol.	maldonado@outlook.com						
E	-mail address: (to be used for future and	ual report notific	ation)				
For fur	ther information concerning this matter	, please call:					
Carol	ina Maldonado	917	435-3742				
	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	Regi Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, 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. 8	lame of the limited liability company: Carolina Ma	ildonad	o, LLC ————				
2. (a)	Carolina Maldonado, LLC		(b) Carolina Maldonado, LLC				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	23470 Feather Palm Court		23470 F	eather Palm Court			
	Boca Raton, FL 33433		Boca Ra	iton, FL 33433			
	01/31/2014		L1400001	7599			
3.	Date of filing/registration in Florida	 4.		Document number			
5. (a	, Elizabeth Guigon						
J. (u	Registered Agent and Registered Office shown on the records of	of the Flori	da Dept. of State	X			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
	1880 SW 55 Avenue						
	Plantation	3331	7				
			· <u>,</u> .				
(b)							
	Enter name of NEW Registered Agent and/or NEW Register	ed Office a	ddress;	·.			
	NEW Registered Office Address:			•			
	23470 Feather Palm Court			٠.			
	Page Dates	00.10					
	Boca Raton	_L 33430					
the ch agent was/w	limited liability company is not organized under the Lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the reg liability of the li	istered office company, it is mited liability	and the business office of the registered hereby confirmed that the change(s)			
	Carolina Mal			lonado			
Sign:	ature of a member or authorized representative of a member			Printed or typed name of signee			
provis the ob to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, d in writing of this change.	e nerior	nance of mice	lution and Lam familian with and account			

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

Signature of Registered Agent