

L140000018379

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(Address)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Nubila Services 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:

Horacio Zequeira

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

Nubila Services LLC

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

6015 SW 26TH Street

\_\_\_\_\_  
Address

Miami/Florida 33155

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

hzequeira@gmail.com

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

For further information concerning this matter, please call:

Horacio Zequeira

786

308-9058

at (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
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

**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: Nubila Services LLC

2. (a) 730 Zamora Ave, Coral Gables FL 33134  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

(b) 730 Zamora Ave, Coral Gables FL 33134  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

3. 02/03/2014 Date of filing/registration in Florida  
4. L14000018379 Document number

5. (a) Horacio Zequeira  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
730 Zamora Ave, Coral Gables FL 33134  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

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TALLAHASSEE, FL  
STATE SECRETARY

(b) New Registered Office Address: 6015 SW 26TH Street, FL 33155  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
  
Same Agent - (New Address agent): 6015 SW 26TH Street, Miami FL 33155  
**NEW** Registered Office Address:  
6015 SW 26TH Street  
  
Miami, FL 33155

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.

Horacio Zequeira Signature of a member or authorized representative of a member  
Horacio Zequeira 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.*

Horacio Zequeira  
Signature of Registered Agent

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