LIH 0000 30915

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IALLAHASSEE, FLORIDA

JUN 2 2 2022 S. PRATHER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: FLORIAN J	T. DAUNY PLLC										
	Name of Limited Liability Company										
Dear Sir or Madam:											
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.										
Please return all correspondence concerning this matter t	o the following:										
FLORIAN J DAUNY ESQ											
Name of Person											
FLORIAN J. DAUNY PLL	<u>~</u>										
Firm/Company											
2750 NE 1854 ST #	302										
Address											
AVENTURA FL 3318	SO.										
City/State and Zip Code											
FLORIAN@ DAUNYEMMIGRA	TION. COM										
E-mail address: (to be used for future annual repor	t notification)										
For further information concerning this matter, please ca	ıll:										
FLORIAN DAUNY at (3	252, 256 - 9719										
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										
NHS18 (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 Nz	ame of the limited liability company: 2750 NE 185 th St	FLORIA	1	J.	DAUN	JY F) LL	-C_
2 ()	2750 NE 185th ST	T # 302	(b)	313	INE	188 th	72	 TREET
2. (a)	Principal office address of limited liab	oility company:	(0)	<u>ب . ر</u>	Mailing address c	of limited liabil	ity comp	
	(Note: MUST BE STREET AI	_		11_	(Note: MAY E	<u>BE POST OFF</u>	<u> 1CE BO</u>	<u>)X</u>)
	AVENTURA FL	33180		_#	2708			
			-	A	JENTH	RA,	FL	<u>331</u> 8
	02 24 201	4	_	<u></u>	1400	0030	29	15
3.	Date of filing/registration in		4.		Document nu	mber		
5. (a)	FLORIAN J.	DAUN	Y		_			
V/	Registered Agent and Registered Office show			Dept. of Stat	e;			
	18851 NE 29	th AVENU	LE_		_			
	Registered Office Address (MUST BE F)	ORIDA STREET ADI	DRESS)					
	Suite 700				_		<u>ال</u> ال	2022
	AVENTURA	, FL	33	180	<u>-</u>	:	AHA	<u>≯</u> >
(b)	FLORIAN J.	DAUNY	E	SQ	_	((((23. 23.47 3.43.47	I± 29
	Enter name of <u>NEW Registered Agent</u> and/o	or <u>NEW Registered Of</u>	Tice addi	ress:			$\mathbb{P}_{cc}^{\Xi_1}$	
	2750 NE 185	th ST		-	_		PAGE FACE	±:
	NEW Registered Office Address:	-				r	r-	Ш
	Shite 302				_			
	AVENTURA		33	180				
		, FL	<u>ں ں</u>	100	<u>-</u>			
change agent was/w	limited liability company is not organice or changes are made, the Florida strewill be identical. Or, in the case of a Fere authorized by an affirmative vote cicles of grganization or the operating a	et address of the reg Torida limited liabil of the members of tl	gistered lity con he limit nited lia	l office an apany, it i red liabilit ability con	d the business s hereby confi y company or	office of the rmed that th as otherwise	e regist e chan e provi	tered ge(s)
~	ature of a member or authorized representative							
provis the ob- to mer	by accept the appointment as registers ions of all statutes relative to the prop ligations of my position as registered of rely reflect a change in the registered of a in writing of this change.	ed agent and agree er and complete per igent as provided fo iffice address, I her	to act i rformar or in Cl eby cor	n this cap ice of my aapter 603 ifirm that	acitv. I furthe duties, and I a 5. F.S. Or, if t. the limited Iia	r agree to co m familiar v his documen bility compa	omply vith an it is bei my has	with the id accept ing filed i been
Signatu	are of Registered Agent							
	Division of Corp.	orations• P.O. Box	x 6327	• Tallaha	ssee, FL 3231	4		

FILING FEE: \$25.00