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2023 MAY 24 PM 1: 41

COVER LETTER

1	Name of Emitted Emonity Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Leza Milberg Name of Person	
Firm/Company	Compania UC
1661 Ringling	Bonterary No 3111
SAMASOTA FO	MDA 34230
City/State and Zip Cod Cod Cod Cod Cod Cod Cod Cod	stact Companies. com
For further information concerning this mat	tter, please call:
loza Milberg Name of Person	at (407) 288 2414 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

□ \$55 Filing Fee & Certified Copy

Tallahassee, FL 32314

\$25 Filing Fee

Enclosed is a check for the following amount:

TO:

Registration Section Division of Corporations

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.

Principal office address of limited liability company:	(b) 1661 Regular BND Mailing address of limited Hability company:
(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
NO 31/1	NO 3111
Sarafte to 34230	San 48177 12 3423
3/04/2014	L140000 365 62
Date of filing/registration in Florida	4. Document number
Registered Agents 3	16.
Registered Agent and Registered Office shown on the records of the I	Florida Dept. of State:
7901 4Th St. N	
Registered Office Address (MUST BE FLORIDA STREET ADD	DRESS)
542 300	
St Peters burg ,FL	33702 TALLAHASS
- Colors out 3	
loza S. Milbers	A 21 L
Enter name of NEW Registered Agent and/or NEW Registered Offi	ice address:
1 62 - 41 14 4	
6330 N. Andrews 1	Avenue E E
NEW Registered Office Address:	DF -
M 2 +3	
M 273	
t landerale , FL	3 <i>3309</i>
, , , , , , , , , , , , , , , , , , ,	
mited liability company is not organized under the laws of or changes are made, the Florida street address of the regi	istered office and the business office of the registered
ill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the	ty company, it is hereby confirmed that the change(s)
les of organization or the operating agreement of the limit	ted liability company.
Zan Kulber	OZA S. Mulbery
ne of member or authorized representative of a member	nted or typed name of the ce
y accept the appointment as registered agent and agree to ins of all statutes relative to the proper and complete perfe	act in this capacity. I further agree to comply with the
rest of all statutes relative to the proper and complete performance of my position as registered agent as provided for by reflect a change in the registered office address, I hereby the complete of the property of the proper and complete performance of the performanc	in Chapter 605, F.S. Or, if this document is being fil
ν τεπείλα οπάπνε τη την εννικίρερα απίορ απαέρςς. Η μοέρε	ov conjirm inal ine limilea Habilily company has been