

L14000066284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

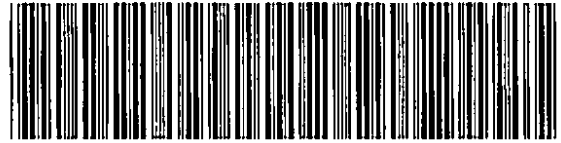
(Business Entity Name)

(Document Number)

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O SIMMONS

MAY 09 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A NEW YOU VENTURE GROUP, 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:

Oswaldo Torres  
Name of Person

Firm/Company

1440 Coral Ridge Drive # 444  
Address

Coral Springs FL 33071  
City/State and Zip Code

oswaldot@torres@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oswaldo Torres at ( 954 ) 850-5008  
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: A NEW YOU VENTURE GROUP, LLC
2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- 7421 N University Drive #206 1440 Coral Ridge Dr #446  
TAMPA FL 33321 Coral Springs FL 3307
- April 23, 2014 L14 000066284
3. \_\_\_\_\_ 4. \_\_\_\_\_  
Date of filing/registration in Florida Document number

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

Gina Torres, MGR  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
701 NW 123 Drive  
Coral Springs, FL 33071

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

Oswaldo Torres mgr  
NEW Registered Office Address:  
1440 Coral Ridge Dr #446  
Coral Springs, FL 33071

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

Oswaldo Torres, mgr  
Printed or typed name of signee

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.

[Signature]  
Signature of Registered Agent