L1400098411

(Re	equestor's Name)	,		
(Address)				
(Address)				
(Cit	y/State/Zip/Phon	e #)		
	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer.				
		J. HORNE		
		UG Z 6 2024		

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Office Use Only

COVER LETTER

TO: **Registration Section Division of Corporations**

OROZCO REAL ESTATE HOLDINGS LLC SUBJECT: _____

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:

Darwin Soto

Name of Person

OROZCO REAL ESTATE HOLDINGS LLC

Firm/Company

23055 SW 115 Ct

Address

Miami, Florida 33170

City/State and Zip Code

Darwinsoto86@hotmail.com

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

For further information concerning this matter, please call:

2 Daytime Telephone Number
ress:
n Section
f Corporations
of Tallahassee
onroe Street, Suite 810
e, 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.

I. Na	me of the limited liability company: OROZCO REAL	L ESTATE	HOLDINGS I	LLC
2. (a)	1447 W 40 Street (b) $\frac{23055 \text{ SW}}{$		23055 SW 1	15 Ct
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	M	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Hialeah, Florida 33012	. <u> </u>	Miami, Flori	da 33170
	06/19/2014		L1400009841	1
3.	Date of filing/registration in Florida	4.	Ľ	Ocument number
5. (a)	THORSEN AND CRUCET P.A.			
	Registered Agent and Registered Office shown on the records of 5787B NW 151 STREET	of the Florid	a Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET	TADDRES.	<u>s)</u>	
	MIAMI LAKES, F	L		FILED
(b)	DARWIN JOEL SOTO			B E
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	ed Office ac	<u>idress</u> :	
	23055 SW 115 Ct			ED MILLING
	NEW Registered Office Address:			
	Miami, H	FL_33170	······································	
change agent v was/we the arti	imited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited la ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agent ions of all statutes relative to the proper and complete	te register liability co of the lin e limited	ed office and ompany, it is h nited liability liability comp	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in many. Printed or typed name of signee
<u>́</u>	by accept the appointment as registered agent and agent and agent and complete ions of all statutes relative to the proper and complete ligations of my position as registered agent as provid elv reflect a change in the registered office address, i d in writing of this change.	ea jor in 4 Thereby c	onfirm that th	e limited liability company has been

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

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