L14000 105 255

| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| 8. No. | | | | | | |

Office Use Only



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THE NIG 26 PA H. S.

August 20, 2019

ATTN. Cheryl R McNair Regulatory Specialist II Florida Department of State Division of Corporations P.O. BOX 6327

Tallahassee, FL 32314

RE: IMMIGRATION DOCUMENT SOLUTIONS, LLC

REF. NUMBER L14000105255

CHANGE OF COMPANY ADDRESS

Dear Ms. McNair,

In response to your letter number 719A00015802 (see included with this letter), we enclosed the correct Form "Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company" to file the change our company's address as follows:

IMMIGRATION DOCUMENT SOLUTIONS, LLC 14900 SW 30TH STREET #278527 MIRAMAR, FL 33027

We also enclose a copy of the check paid to Department of State in the amount of \$35.00 with the incorrect form we had previously sent.

Since the filing of the enclosed updated form is \$25.00, we request that you please charge the applicable amount of \$25.00 for this filing out of the \$35.00 already sent to you, and that you <u>please refund the remaining balance of \$10.00 made payable to IMMIGRATION DOCUMENT SOLUTIONS</u>, LLC. Please mail check to the above mentioned address.

If you have any questions, please do not hesitate to call (954) 895-7546.

Best Regards.

'Johana Negron ∹Managing Member

COVER LETTER

IMMIGRATION DOCUMENT SOLUTIONS, LLC SUBJECT: Name of Limited Liability Company

| • | | COVER LI | ETTER |
|---|--|-------------------|---|
| _ | stration Section sion of Corporations | | S, LLC ability Company |
| SUBJECT: | IMMIGRATION DOCUMEN | T SOLUTION | s, LLC |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Nam | e of Limited Lia | ability Company |
| Dear Sir or M | vfadam: | | |
| The enclosed | l Registered Agent/Registered Off | ce Change and | fee(s) are submitted for filing. |
| Please returr | all correspondence concerning th | s matter to the f | following: |
| JOHANA | NEGRON | | |
| <u> </u> | Name of Person | | _ |
| IMMIGRA | TION DOCUMENT SOLUTIO | NS, LLC | |
| | Firm/Company | <u> </u> | _ |
| 14900 SW | / 30TH STREET #278527 | | |
| | Address | | <u> </u> |
| MIRAMAF | R, FL 33027 | | |
| | City/State and Zip Code | | _ |
| JOHANA(| @IMMIGRATIONDS.COM | | |
| E-mail | address: (to be used for future ann | ual report notifi | cation) |
| For further i | nformation concerning this matter, | please call: | |
| JOHANA NEGRON 954 | | 954 at (| 895-7546 |
| | Name of Person | | Area Code & Daytime Telephone Number |
| Registration Section R Division of Corporations D Clifton Building P. | | | dilling Address: gistration Section gistion of Corporations b. Box 6327 lahassee, Florida 32314 |
| Enc | losed is a check for the following | amount: | |
| ☑ \$ | 25 Filing Fee | □ \$5 | 5 Filing Fee & Certified Copy |
| INHS18 (2/1- | 1) | | |

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 1137 1044 | | | | | 00111710110 110 |
|--|---|---|--------------------------------|--|---|
| I. Na | ame of the limited liability company: IMMIGRA | ATION DO |)C(| JMENT S | SOLUTIONS, LLC |
| 2. (a) | PRINCIPAL OFFICE ADDRESS | | (b) | MAILIN | G ADDRESS |
| <i>ω</i> , (α) , | Principal office address of limited liability company | <u>y:</u> | ` , | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | (Note: MUST BE STREET ADDRESS) 14900 SW 30TH STREET #278527 | | | 14900 \$ | W 30TH STREET #278527 |
| | | | , | | |
| | MIRAMAR FL 33027 | <u></u> | | MIRAMAR FL 33027 | |
| | 07/01/2014 | | L | _1400010 | 05255 |
| 3. | Date of filing/registration in Florida | 4. | | | Document number |
| 5. (a) | JOHANA NEGRON | | | | |
| J. (4) | Registered Agent and Registered Office shown on the recor | rds of the Flor | ida I | Dept. of State | e: |
| | IMMIGRATION DOCUMENT SOLUTIO | NS, LLC | | | _ |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | |
| | 14900 SW 30TH STREET #278527 | | | | |
| | MIRAMAR | _, _{FL} _3302 | 27 | | |
| (b) | JOHANA NEGRON | | | | ALL ALLSSEE. |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered Agent | stered Office | add | ress: | |
| | IMMIGRATION DOCUMENT SOLUTIONS, LLC | | | | |
| | NEW Registered Office Address: | | | | |
| | 14900 SW 30TH STREET #278527 | | | | - |
| | MIRAMAR | _{FL_} 3302 | 27_ | | _ |
| the cha agent v was/w the art Signa I here provis, the obli to mer | imited liability company is not organized under thange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the membicles of organization or the operating agreement of the organization of the operating agreement of the of a member or authorized representative of a member by accept the appointment as registered agent and ions of all statutes relative to the proper and combigations of my position as registered agent as properly reflect a change in the registered office address of in writing of this change. | ess of the reted liability bers of the limite | egist cor limi ed lia | nered officenpany, it is ted liability con | e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in appany. A CA C C C C C C C C C C C C C C C C C |

Signature of Registered Agent