

L14 000 180219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

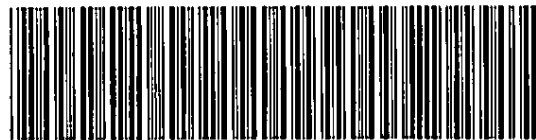
(Business Entity Name)

(Document Number)

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20 JUL -6 AM 11:45

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STATE
CLERK
DIVISION

Ra Chang

AUG 16 2020

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COVER LETTER

TO: Registration Section
Division of Corporations

J & F Perla Residence 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:

Fabiana Cavalcanti

Name of Person

Firm/Company

16420 NE 35th Av.

Address

North Miami Beach - 33160

City/State and Zip Code

fabiana_cavalcanti@hotmail.com

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

For further information concerning this matter, please call:

Fabiana Cavalcanti

305

733-3013

at ()

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

FILED
STATE OF FLORIDA
20 JUL -6 AM 11:45
CLERK OF CIRCUIT COURT
TALLAHASSEE, FL

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.

J & F Perla Residence

1. Name of the limited liability company: _____
16699 Collins Av. apt 4208 Sunny Isles 33160 16420 NE 35th Av. 33160

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**)

Nov 20th 2014

L14000180219

3. Date of filing/registration in Florida 4. Document number

United States corporation Agent

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5575 south SEMORAN boulevard suite 36

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

orlando fl 32822
FL

Fabiana Cavalcanti

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Fabiana Cavalcanti

NEW Registered Office Address:
16420 NE 35th Av.

North Miami Beach 33160
FL

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 of a member or authorized representative of a member

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 of Registered Agent

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DIVISION OF CORPORATIONS
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