## LISONO 19765

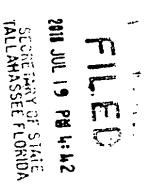
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Carrie Name of L	imited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
hourdes Gue Name of Person	des	
Firm/Company	LLC	
201 178 Drive A	TALLANAS	7
Sunny Tsle Beach, Flority/State and Zip Code  Guedes @ bel  E-mail address: (to be used for future annual rep	133160 1500th net	
For further information concerning this matter, please	eall:	
Louides Guedes at (	786 , 201 - 4708 Area Code & Daytime Telephone Number	r
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	nt:	
9 \$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: L() Carrior-, L1C (L1500001976
2. (a) Carrier / LC  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)  511 WHOUR APT. 20
DeLand, Fl. 32720 Sunny Isle Beach, Fl. 3316
Date of filing/registration in Florida  4. Document number  5. (a)   Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  5. (a)   Document number  Manage  Document number  Manage  Document number
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
(b) Jorge L Perez Manager Como tec  Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:  511 W. Mogle Aue  SST. 5
DeLand, F1. 32720
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.
Signatured Registered Agent  Figure 1. Perc. 2 (Manager)  Furth Multiplication of Corporations P.O. Box 6327 • Tallahassee, FL 32314  FILING FEE: \$25.00
INHS18 (2/14)