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COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: AGAS COYO	ante of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Arturo Siso	
Name of Person	
Agas Group, LLC Firm/Company	
848 Brickell Ave	, Stc 305
Micmi, Fl 3313 City/State and Zip Code	>
E-mail address: (to be used for future a	Innual report notification)
For further information concerning this matt	er, please call:
Arturo Siso Name of Person	at (786) 502.45 02 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 followi	ng 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. N	ame of the limited liability company: Aggs (2008) LLC
2. (a)	Principal office address of limited liability company: 33/3) (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	04/20/15 LISCOOL68956
3.	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: PAB By Kell Ave. See 305 Mich 1 33131 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	, FL
(b)	Arturo Suso
, ,	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	EAB Brokel Ave, Ste 305. Many f 33131 = NEW Registered Office Address:
	, FL
the ch agent was/w	figured liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in highes of organization or the operating agreement of the limited liability company.
	ature of a member-or authorized representative of a member Printed or typed name of signee
Sikn	ature of a member-or authorized representative of a member Printed or typed name of signee
I heyo provis the ob- to med notific	Divaccept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am Jamiliar with and accept digativas of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed selvent of change in the registered office address, I hereby confirm that the limited liability company has been a line of this change.
Signat	are of Registered Asient
	Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00