

L15000075378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

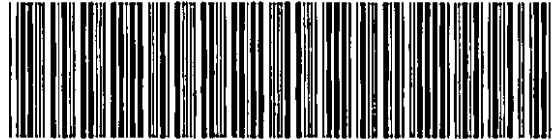
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 AUG 17 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

*Jq 10/05/20*

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NOEL MOTORS CUMANA LLC  
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:

LILIANA ANGEL  
Name of Person

ALL ACCOUNTING SOLUTIONS LLC  
Firm/Company

269 CAMERON DRIVE  
Address

WESTON FL 33326  
City/State and Zip Code

LILIANA@ALLACCOUNTINGSOLUTIONS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LILIANA ANGEL at ( 954 ) 5368040  
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

**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: NOEL MOTORS CUMANA LLC

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)*

304 INDIAN TRACE, #109,

304 INDIAN TRACE, #109,

WESTON FL 33326

WESTON FL 33326

04/29/2015

LI5000075378

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:  
BESTULICH, STEPHANIE, CPA

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

890 S DIXIE HWY,

CORAL GABLES, FL 33146

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

ALL ACCOUNTING SOLUTIONS LLC

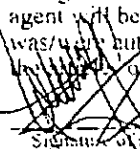
NEW Registered Office Address:

269 CAMERON DR

WESTON, FL 33326


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 TALLAHASSEE, 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

PABLO RIOS  
 \_\_\_\_\_  
 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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00