## U5CCC0833C4

(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:						





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12/07/18--01008--014 ++25.00

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D. SCOTT DEC 1 3 2019

## **COVER LETTER**

TO: Registration Section

INHS18 (2/14)

Division of Corporations				
SUBJECT: THE HIDDEN DRAFTSMAN Name		ability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for fili	ng.	
Please return all correspondence concerning this	s matter to the	following:		
YILMER GUZMAN				
Name of Person				
THE HIDDEN DRAFTSMAN LLC				
Firm/Company	·			
214 MADEIRA AVE				
Address			. 57	
ORLANDO/ FL 32825			変的 DEC -T P 9:5 ALLAHASJLL-FLDRID	<u>.</u>
City/State and Zip Code	<del></del>	<del></del>	)EC -	-
yilmer@hiddendraftsman.com				ŗ
E-mail address: (to be used for future annual	ual report notif	ication)	. F. D.; • • •	C
For further information concerning this matter,	please call:		57 10 A	
YILMER GUZMAN	407 at (	7151702		
Name of Person		Area Code & Daytime Te	elephone Number	ſ
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.C	AILING ADDRESS: egistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314	ı	
Enclosed is a check for the following	amount:			
■ \$25 Filing Fee	<b>□</b> \$:	55 Filing Fee & Certified C	ору	

## 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.

Na	ame of the limited liability company: THE HIDDEN	DRAF	TSMAN L	LLC	
(a)	1027 COLETTA DRIVE	(b	(b) 214 MADEIRA AVE		
(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	ORLANDO, FL 32807	_	ORLAN	DO, FL 32825	
	MARCH 11, 2018	_	 L150000	83304	
	Date of filing/registration in Florida	4.		Document number	
(a)	YILMER GUZMAN				
(4)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of Stat	<del>_</del> te:	
	214 MADEIRA AVE				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	1	_	
	ORLANDO, FL	32825		- - 50 <b>(3</b> )	
(b)	YEISY ECHEVERRY			TIPEC-1 F	
, ,	Enter name of NEW Registered Agent and/or NEW Registered	Office add	iress:		
	1027 COLETTA DRIVE			P	
	NEW Registered Office Address:			MI DEC -1 P 9:57	
	ORLANDO , FL	32807			
cha nt v :/we	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regis ibility co f the lim limited l	stered offic impany, it i ited liabili	te and the business office of the registe is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.	
gnā	ture of a member or authorized representative of a member			Printed or typed name of signee	
as/we arti	ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the lim limited 1 YIL ee to act	ited liability con MER GU  in this car.	ty company or as otherwise proving mpany.  IZMAN  Printed or typed name of signee pacity. I further agree to comply	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00