L15 000089752

(Requestor's Name)	
(Address)	40034
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	08/26/20
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations	
CANVADOS, LLC SUBJECT:	
	f Limited Liability Company
Dear Sir or Madam:	A distribution of the state of
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
PEDRO PARRA	
Name of Person	
CTC MANAGEMENT SERVICES, LLC	
Firm/Company	
220 ALHAMBRA CIRCLE 2nd FLOOR	
Address	
CORAL GABLES, FL 33134	
City/State and Zip Code	
MTCSERVICES@AMERANTTRUST.COM	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ease call:
BLEYDYNES BARBOSA	305 441-5580 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 am	ount:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

RECEIVED
JUN 2 5 2020



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.

ame of the limited liability company: CANVADOS, L	LC.			<u> </u>		
540 BDICKELL KEY DD IDDT 1206		540 BRICKELL KEY DR. UNIT 1205				
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of			-
MIAMI, FL 33131		ML	AMI, FL 33131			
05/20/2015	_	1.150	00089752			
Date of filing/registration in Florida	 4.		Document nun	nber		
MILLAN, ANDRES						
	f the Flor	da Dept.	of State:			
Registered Office Address	ADDRE	<u>52</u>)		(a 	20:	
MIAMI , F	L 33131				20 AU	-4-
					S S S	=
Enter name of NEW Registered Agent and/or NEW Registere	d Office	ddress:		30 g	>	m
220 ALHAMBRA CIRCLE		_		STAT	-	D
NEW Registered Office Address:	_ •	•		ın oc	•	
2nd FLOOR						
CORAL GABLES, F	L_33134					
e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited leaver were authorized by an affirmative vote of the members	e registe iability of the li e limited	red off compar mited l l liabili	ice and the business only, it is hereby confirm in the impair of a ty company or a ty company.	office of the remed that the c	gister	red (s)
ature of a member of authorized representative of a member	-A	VDRES		name of signer		
eby accept the appointment as registered agent and agentions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I ad in writing of this change. The first half of Registered Agent	e perfori ed for in hereby M&A	nance (Chapt confirn	is capacity. I further of my dutics, and I an er 605, F.S. Or, if thin that the limited liab.	agree to comp i familiar with is document is ility company	i and bein	accept v filed
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) MIAMI, FL 33131 05/20/2015 Date of filing/registration in Florida MILLAN, ANDRES Registered Agent and Registered Office shown on the records of 540 BRICKELL KEY DR Registered Office Address (MUST BE FLORIDA STREET UNIT 1205 MIAMI , F CTC MANAGEMENT SERVICES, LLC Enter name of NEW Registered Agent and/or NEW Registered 220 ALHAMBRA CIRCLE NEW Registered Office Address: 2nd FLOOR CORAL GABLES , F limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the ature of a member of authorized representative of a member entry reflect a change in the registered agent and agencins of my position as registered agent as provided in writing of this change. The first change in the registered agent as provided in writing of this change. The first change in the registered agent as provided in writing of this change. The first change in the registered office address. It is of Registered Agent.	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) MIAMI, FL 33131 05/20/2015 Date of filing/registration in Florida 4. MILLAN, ANDRES Registered Agent and Registered Office shown on the records of the Florical Street Agent and Registered Office shown on the records of the Florical Street Address MIAMI Registered Office Address MUST BE FLORIDA STREET ADDRES UNIT 1205 MIAMI FL CTC MANAGEMENT SERVICES, LLC Enter name of NEW Registered Agent and/or NEW Registered Office of the Principal Street address of the registered FLOOR CORAL GABLES CORAL GABLES The Street address of the registered will be identical. 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All the office indications of the proper and complete performation of my position as registered agent as provided for intelligations of my position as registered agent as provided for intelligations of my position as registered agent as provided for intelligations of my position as registered agent as provided for intelligations of my position as registered agent as provided for intelligations of my position as registered agent as provided for intelligations of my position as registered agent as provided for intelligations of my position as registered agent as provided for intelligation	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) MIAMI, FL 33131 MIAMI, FL 33131 Date of filing/registration in Florida MILLAN, ANDRES Registered Agent and Registered Office shown on the records of the Florida Dept. 540 BRICKELL KEY DR Registered Office Address MIAMI CIC MANAGEMENT SERVICES, LLC Enter name of NEW Registered Agent and/or NEW Registered Office address: 220 ALHAMBRA CIRCLE NEW Registered Office Address: 210 ALHAMBRA CIRCLE NEW Registered Office Address: 211 ALHAMBRA CIRCLE NEW Registered Office Address: 212 ALHAMBRA CIRCLE NEW Registered Office Address: 220 ALHAMBRA CIRCLE NEW Registered Office Address: 221 ALHAMBRA CIRCLE NEW Registered Office Address: 222 ALHAMBRA CIRCLE NEW Registered Office Address: 223 ALHAMBRA CIRCLE NEW Registered Office Address: 224 ALHAMBRA CIRCLE NEW Registered Office Address: 255 ALHAMBRA CIRCLE NEW Registered Office Address: 266 ALHAMBRA CIRCLE NEW Registered Office Address: 277 ALHAMBRA CIRCLE NEW Registered Office Address: 288 ALHAMBRA CIRCLE NEW Registered Office Address: 298 ALHAMBRA CIRCLE NEW Registered Office Address: 299 ALHAMBRA CIRCLE NEW Registered Office Address: 200 ALHAMBRA CIRCLE NEW Registered Office Address: 210 ALHAMBRA CIRCLE NEW Registered Office Address Alhambra NEW Regi	S40 BRICKELL KEY DR. 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ANDRES MILLAN ANDRES MILLAN ANDRES MILLAN ANDRES MILLAN ANDRES MILLAN Printed or typed ANDRES MILLAN Printed or typed ANDRES MILLAN AND	540 BRICKELL KEY DR. 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Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00