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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: FRANCISCO & MARIA LOZIA HOLDINGS, LLC Name of Limited Liability Company				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fe	ee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the fo	ollowing:			
GENOVEN MENDOZA  Name of Person	_			
FRANCISCO & MARIA LOZA MOLDINGO Firm/Company	s,LLC			
3350 NE 192 STREET #4B Address	<del>_</del>			
AVENTURA FL 33180  City/State and Zip Code	- 25 			
E-mail address: (to be used for future annual report notific	eation)			
For further information concerning this matter, please call:				
GENOVE / MENDOZA at (305) Name of Person	Nrea 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	□ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

## 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.

2. (a)	me of the limited liability company: FRANCISCO	(b)	·
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3350 NE 1925- 43		3350 NE 1925-#4B
	DVENTURA FL 33180	_	AVENTURA FL 33180
	7.9.15	<u>L</u>	15000118250
3.	Date of filing/registration in Florida	- 4. <u> </u>	Document number
5. (a)	MARIA LOZA		
( )	Registered Agent and Registered Office shown on the records of the	he Florida Dept. o	of State:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
	3350 NE 192 STREET #4	B	
	AVENTURA, FL	33180	
	<i>C</i> :		क संद
(b)	GENOVEY MENDOZA		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> of	Office address:	— A 11 45
			<b>売</b> ジ
	NEW Registered Office Address:		<del></del>
	3350 NE 192 ST#4B		<del></del>
	DVENTURA FL 33180, FL	3318	$\cap$
	TVEIO COICIZ . C 33140, FL		<u></u>
If the li	mited liability company is not organized under the law or changes are made, the Florida street address of the	s of the State of	of Florida, it is hereby confirmed that after the
agent v	vill be identical. Or, in the case of a Florida limited lial	bility company	, it is hereby confirmed that the change(s)
	ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the I		
		•	
Signa	ure of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mero notified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I have I in writing of this change.	ee to act in this performance of for in Chapter ereby confirm	capacity. I further agree to comply with the my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been
Signatu	enover W. Mandore		
	()		