

L15 000 165013

(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:

Office Use Only



600350928446

08/25/20--01023--012 **25.00

FILED

2020 AUG 25 PM 2:37

**SECRETARY OF STATE
TALLAHASSEE, FL**

SQ 10/09/20

COVER LETTER

TO: Registration Section
Division of Corporations

Inva Capital Wealth Management LLC

SUBJECT: _____
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:

Luiz Augusto Pacheco

Name of Person

Inva Capital Wealth Management LLC

Firm/Company

999 Brickell Ave. suite 410

Address

Miami, FL 33131

City/State and Zip Code

luiz.pacheco@invacapital.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luiz Augusto Pacheco

305

3180078

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 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.

Inva Capital Wealth Management L.L.C

1. Name of the limited liability company: _____

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

999 Brickell Ave. suite 410

Miami, FL., 33131

09/28/2015

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

999 Brickell Ave. suite 410

Miami, FL., 33131

L15000165013

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:
Corporate Creations Network, Inc.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

801 US Highway 1

North Palm Beach

33408

, FL

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Luiz Augusto Pacheco

NEW Registered Office Address:

1800 N Bayshore Dr

Miami

33131

, FL

FILED
2020 AUG 25 PM 2:37
SECRETARY OF STATE
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.

Luiz Augusto Pacheco
Signature of a member or authorized representative of a member

LUIZ AUGUSTO PACHECO
Printed or typed name of signer

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.

Luiz Augusto Pacheco
Signature of Registered Agent

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

FILING FEE: \$25.00