## 115000176543

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
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PICK-UP WAIT MAIL					
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(Business Entity Name)					
(Document Number)					
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FILED
2022 MAY 16 PM 1: 14
SECRETARY OF SIGN

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJE	FIRST SEMINOLE GROUP LL	.c			
	Name of Limited Liability Company				
Dear Si	ir or Madam:				
The end	closed Registered Agent/Registered	Office Change a	and fee(s) are submitted for filing.		
Please	return all correspondence concerning	g this matter to t	he following:		
Cesar V	erbel				
	Name of Person	<u>.</u>			
	Firm/Company		····		
5011 Ur	nber Way N				
	Address		<del></del>		
Tampa,	FL 33624				
	City/State and Zip Coo	le	<del></del>		
verbel4@	@gmail.com				
E-	mail address: (to be used for future	annual report no	tification)		
For furt	her information concerning this mat	ter, please call:			
Cesar V	erbel	813 at (	786-3333		
	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 follow	ing amount:			
	■ \$25 Filing Fee	o	\$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.

Name of the limited liability company:	FIRST SEMINOL	E GROUP I	LLC	
5011 Umber Way N. Tampa, FL 33624		(b) 5011 Umber Way N. Tampa, FL 33624		
a) Principal office address of limited lia  (Note: MUST BE STREET A		(%)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
10/16/2015		  LI	15000176543	
Date of filing/registration in	Florida	4.	Document number	
Cesar Verbel				
Registered Agent and Registered Office show	wn on the records of t			
Registered Office Address (MUST BE F	LORIDA STREET A	(DDRESS)		
Татра	EI.	33624		
	, FL		SECRETARY 16 SECRETARY FALLAHASSE	
o)				
Enter name of NEW Registered Agent and/	or NEW Registered	Office addre	ടെ 걸칠 6 [	
Andres Verbel				
NEW Registered Office Address:				
8958 W. State Rd. 84 #307			<del>-</del>	
Davie	, FL	33324		
ge or changes are made, the Florida stre t will be identical. Or, in the case of a F	zed under the law et address of the lorida limited lial of the members of	s of the Sta registered o bility comp f the limited	• • •	
nature of a member or authorized representative	of a member	<del></del>	Printed or typed name of signee	
reby accept the appointment as registere isions of all statutes relative to the prop bligations of my position as registered a crely reflect a change in the registered o	ed agent and agre er and complete p igent as provided ffice address, I he	ve to act in to performance for in Chaj ereby confi	this capacity. I further agree to comply with the comply with the office of my duties, and I am familiar with and accupter 605, F.S. Or, if this document is being filling that the limited liability company has been	

Signature of Registored Agent