## L1600001165

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
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| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE



## **COVER LETTER**

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INHS18 (2/14)

| TO:     | Registration Section Division of Corporations  |                         |  |
|---------|--|-------------------------|--|
| euo n   | ect.   | LUISA DONU              | ITS, LLC   |
| วกษาเ   | ECT:   | Name of Limited Lic     | ibility Company  |
| Dear S  | ir or Madam:   |                         |  |
| The en  | closed Registered Agent/Registered   | Office Change and f     | ee(s) are submitted for filing.  |
| Please  | return all correspondence concernin  | g this matter to the fo | ollowing:  |
| EUGE    | NE II. GAUDETTE  |                         |  |
|         | Name of Person   |                         | _  |
|         | Firm/Company   |                         | _  |
| P.O. B  | OX N   |                         |  |
|         | Address  |                         |  |
| SANFO   | ORD, ME 04073  |                         |  |
|         | City/State and Zip Co  | de                      | _  |
| tiffany | @ehglaw.com  |                         |  |
| E       | -mail address: (to be used for future  | annual report notific   | cation)  |
| For fur | ther information concerning this ma  | tter, please call:      |  |
| TIFFA   | NY CAMIRE  | 207<br>at (             | 324-1551   |
|         | 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   | ving amount:            |  |
|         | ■ \$25 Filing Fee  | <b>□ \$</b> 5           | 5 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.

| Principal office address of limited liability cor  (Note: MUST BE STREET ADDRESS)  5141 S UNIVERSITY DRIVE  DAVIE, FL 33328  FEBRUARY 2, 2016  Date of filing/registration in Florida  Registered Agent and Registered Office shown on the CAFUA CONSULTING COMPANY, LLC  Registered Office Address (MUST BE FLORIDA)  12236 TILLINGHAST CIRCLE  PALM BEACH GARDENS  PETER Registered Office Address:  4100 N POWERLINE ROAD, UNIT M1  POMPANO BEACH  PINION OF THE POMPANO BEACH  POMPANO BEACH | records of the Florida  STREET ADDRESS  , FL 33418 | 280 MERF METHUE L160000271 a Dept. of State | Document number  |
|--|--|---|--|
| DAVIE, FL 33328  FEBRUARY 2, 2016  Date of filing/registration in Florida  Registered Agent and Registered Office shown on the CAFUA CONSULTING COMPANY, LLC  Registered Office Address (MUST BE FLORIDA 12236 TILLINGHAST CIRCLE  PALM BEACH GARDENS  Enter name of NEW Registered Agent and/or NEW NEW Registered Office Address: 4100 N POWERLINE ROAD, UNIT M1  POMPANO BEACH  | street ADDRESS  FL 33418                           | METHUE: L160000271                          | 165 Document number  165  165  161  162  163  164  165  165  165  166  167  168  168  168  169  169  169  169  169 |
| Date of filing/registration in Florida  Date of filing/registration in Florida  Registered Agent and Registered Office shown on the CAFUA CONSULTING COMPANY, LLC Registered Office Address (MUST BE FLORIDA 12236 TILLINGHAST CIRCLE  PALM BEACH GARDENS  Enter name of NEW Registered Agent and/or NEW Registered Office Address: 4100 N POWERLINE ROAD, UNIT M1  POMPANO BEACH  | street ADDRESS  FL 33418                           | L 16000027                                  | Document number  2021 AUG 26 PH 1: 2  SEQUED SCREEN SEE TO   |
| Date of filing/registration in Florida  (a)  Registered Agent and Registered Office shown on the CAFUA CONSULTING COMPANY, LLC  Registered Office Address (MUST BE FLORIDA)  12236 TILLINGHAST CIRCLE  PALM BEACH GARDENS  Enter name of NEW Registered Agent and/or NEW  NEW Registered Office Address:  4100 N POWERLINE ROAD, UNIT M1  POMPANO BEACH  | street ADDRESS  FL 33418                           | a Dept. of State                            | Document number  2021 AUG 26 PH 1: 2  SECRETARY SEE TO   |
| Registered Agent and Registered Office shown on the CAFUA CONSULTING COMPANY, LLC Registered Office Address (MUST BE FLORIDA) 12236 TILLINGHAST CIRCLE PALM BEACH GARDENS  Enter name of NEW Registered Agent and/or NEW  NEW Registered Office Address: 4100 N POWERLINE ROAD, UNIT M1  POMPANO BEACH   | street Address , FL 33418                          | a Dept. of State                            | SECRETARY SEE TO   |
| CAFUA CONSULTING COMPANY, LLC  Registered Office Address (MUST BE FLORIDA  12236 TILLINGHAST CIRCLE  PALM BEACH GARDENS  Enter name of NEW Registered Agent and/or NEW  NEW Registered Office Address: 4100 N POWERLINE ROAD, UNIT M1  POMPANO BEACH   | STREET ADDRESS                                     | 5)  | FILED 2021 AUG 26 PH 1: 2 SECRETORY SEE TO   |
| CAFUA CONSULTING COMPANY, LLC  Registered Office Address (MUST BE FLORIDA  12236 TILLINGHAST CIRCLE  PALM BEACH GARDENS  Enter name of NEW Registered Agent and/or NEW  NEW Registered Office Address: 4100 N POWERLINE ROAD, UNIT M1  POMPANO BEACH   | STREET ADDRESS                                     | 5)  | PHED<br>2021 AUG 26 PH 1: 2<br>SECRETALIAN SCREEN  |
| Registered Office Address (MUST BE FLORIDA  12236 TILLINGHAST CIRCLE  PALM BEACH GARDENS  Enter name of NEW Registered Agent and/or NEW  NEW Registered Office Address:  4100 N POWERLINE ROAD, UNIT M1  POMPANO BEACH   | , FL33418  |   | PH I:2   |
| 12236 TILLINGHAST CIRCLE  PALM BEACH GARDENS  Enter name of NEW Registered Agent and/or NEW  NEW Registered Office Address: 4100 N POWERLINE ROAD, UNIT M1  POMPANO BEACH  | , FL33418  |   | PH I:2   |
| PALM BEACH GARDENS  Enter name of NEW Registered Agent and/or NEW  NEW Registered Office Address: 4100 N POWERLINE ROAD, UNIT M1  POMPANO BEACH  |  |   | PH I:2   |
| Enter name of NEW Registered Agent and/or NEW  NEW Registered Office Address: 4100 N POWERLINE ROAD, UNIT M1  POMPANO BEACH  |  |   | PH 1:2   |
| Enter name of NEW Registered Agent and/or NEW  NEW Registered Office Address: 4100 N POWERLINE ROAD, UNIT M1  POMPANO BEACH  |  |   | PH 1:2   |
| NEW Registered Office Address: 4100 N POWERLINE ROAD, UNIT M1  POMPANO BEACH  Limited liability company is not organized un-   | Registered Office ad                               | dress:                                      |  |
| NEW Registered Office Address: 4100 N POWERLINE ROAD, UNIT M1  POMPANO BEACH  Limited liability company is not organized un-   | Registered Office ad                               | <u> dress</u> :                             | TO TO  |
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| limited liability company is not organized un  |  |   |  |
| limited liability company is not organized un  |  |   | _  |
| · limited liability company is not organized un  | . FL 33073   |   |  |
| · limited liability company is not organized un-   |  |   | _  |
|  | Jer the laws of the                                | State of Flo                                | lorida, it is hereby confirmed that after t  |
| ge or changes are made, the Florida street addition to the street addition to the case of a Florida  | limited liability co                               | ompany, it i                                | is hereby confirmed that the change(s)   |
| were authorized by an affirmative vote of the riccles of organization or the operating agreem  | nembers of the hm                                  | iited liabilit                              | ity company or as otherwise provided in  |
| There's offorganization of the operating agreem  |  | GENE H. GA                                  |  |
| nature of a member or authorized representative of a men   | nber   |   | Printed or typed name of signee  |
| make assent the appointment as registered age  | at and agree to act                                | t in this cap                               | pacity. I further agree to comply with th  |
| reby accept the appointment as registered age<br>isions of all statutes relative to the proper and<br>ibligations of my position as registered agent a<br>erely reflect a change in the registered office a<br>led in writing of this change.  |  |   |  |