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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	·#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(De	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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FILED 18 AUG -6 AM 9: 19 SECRETARY OF STATE ALLAHASSLE, FLORIDA

		COVER LET	ITER e			
	istration Section ision of Corporations		•			
	ANDRES F. IDARRAGA, PLLC					
SUBJECT:	Nam	Name of Limited Liability Company				
Dear Sir or l	Madam:					
The enclose	d Registered Agent/Registered Off	ice Change and fe	e(s) are submitted for filing.			
	n all correspondence concerning th					
i ieuse retur	a an correspondence consering in					
Andres Id	arraga					
	Name of Person		-			
ANDRES	F. IDARRAGA, PLLC					
	Firm/Company		-			
4936 SW	33RD TERRACE					
	Address		-			
FORT LA	UDERDALE, FLORIDA 3331	2				
			-			
andres.f.ic	City/State and Zip Code darraga@gmail.com					
	address: (to be used for future and	ual report notific:	- ation)			
	information concerning this matter.	-				
Andres Id		401	359-3604			
		at (_)			
	Name of Person		Area Code & Daytime Telephone Number			
	REET/COURIER ADDRESS:		LING ADDRESS: stration Section			
	ision of Corporations		sion of Corporations			
	iton Building	P.O.	Box 6327			
266	Executive Center Circle	Talla	hassee. Florida 32314			
Tal	lahassee, Florida 32301					
Ene	closed is a check for the following	amount:				
20	525 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.

. Na . (a)	me of the limited liability company: ANDRES F. IDARRAGA, PLLC	(b)		
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) 4936 SW 33RD TERRACE		Mailing address of limited (<u>Note: MAY BE POST</u>	• • •
	FORT LAUDERDALE, FLORIDA 33312	_		
	07/25/2016			
(a)	Date of filing/registration in Florida IDARRAGA, ANDRES	4.	Document number	
()	Registered Agent and Registered Office shown on the records IDARRAGA, ANDRES	of the Florida Dept. o	of State:	
	Registered Office Address (MUST BE FLORIDA STREE 401 EAST LAS OLAS BLVD. 130-132	TADDRESS)		Fu _
	FORT LAUDERDALE, FL	33301 FL_		8 AUG
(b)	IDARRAGA, ANDRES			G-6 AH
· ·	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	red Office address:		Fr AH
	IDARRAGA, ANDRES			99 I
	NEW Registered Office Address:			0 ¹⁰ 4
	4936 SW 33RD TERRACE			

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.

Andres Idamaga

Andres Idarraga

Signature of a memberorenthorized representative of a member

Printed or typed name of signee

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 any company has been notified in writing of a change.

Andres Idamaga

Signature of RegistenedsAgent701435

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00