

L16000143602

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Central American Group LLC

\_\_\_\_\_  
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:

Kevin Nunez

\_\_\_\_\_  
Name of Person

Central American Group

\_\_\_\_\_  
Firm/Company

4995 Nw 72nd ave suite 409

\_\_\_\_\_  
Address

Doral Florida, 33166

\_\_\_\_\_  
City/State and Zip Code

knunez@centralamericangroup.com.co

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

For further information concerning this matter, please call:

kevin nunez

at ( 786 ) 3544836

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**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.*

1. Name of the limited liability company: Central American Group LLC
2. (a) 4995 Nw 72nd Ave suite 409 Doral Fl, 33166  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)
- (b) 4995 Nw 72nd Ave suite 409 Doral Fl, 331  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

3. 08/01/2016 Date of filing/registration in Florida
4. L16000143602 Document number

5. (a) kevin nunez  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
3900 nw 79th ave suite 532 doral 33166  
Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

\_\_\_\_\_, FL \_\_\_\_\_

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

**NEW** Registered Office Address:

4995 Nw 72nd Ave suite 409

Doral, FL 33166

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.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

kevin nunez

\_\_\_\_\_  
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 this change.*

\_\_\_\_\_  
Signature of Registered Agent

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

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