## 16000186716

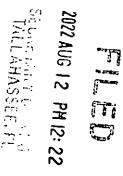
(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	s of Status			
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## **COVER LETTER**

Division of Corporations	
Erika Obando LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Erika Obando	
Name of Person	
Erika Obando LLC	
Firm/Company	<del></del>
1919 SE 10th Avenue, #6135	
Address	<del></del>
Fort Lauderdale, Florida 33316	
City/State and Zip Code	<del></del>
ErikaObandoInfo@gmail.com	
E-mail address: (to be used for future annual report	rt notification)
For further information concerning this matter, please c	eall:
Erika Obando 95 at (	762-0055
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	t:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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. N	lame of the limited liability company: Erika Obando Ll	LC			
2. (a)	Erika Obando		(b) Erika Obando LLC		
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	1919 SE 10th Avenue, #6135			1919 SE 10	Oth Avenue, #6135
	Fort Lauderdale, Florida 33316			Fort Laude	rdale, Florida 33316
	03/26/2019		L	.160001867	716
3.	Date of filing/registration in Florida	4.	_		Document number
5. (a	)				
J. (u	Registered Agent and Registered Office shown on the records o Erika Obando LLC	f the Flor	rida	Dept. of State	_ v:
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRE	SS)		-
	1919 SE 10th Avenue, #6135				
	Fort Lauderdale, F	L_33316			2022 AUG 12 SEUNE MAIN
					2 AUG 12 P
(b)	Enter name of NEW Registered Agent and/or NEW Registere	1 () 65			7 7 F
	Enter hame of NEW Registered Agent and/or NEW Registere	a Onice	<u> </u>	ress:	System 1
	Erika Obando				PH 12: 22
	NEW Registered Office Address:				22
	1919 10th Avenue, #6135				
	Fort Lauderdale	L 33316			
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registo iability of the li e limited	erec con imit d lia	office and opening the light of the liability company.	d the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Šiena	ature of a member of authorized representative of a member	<u> </u>	пка	Obando	Printed or typed name of signee
I here provis the ob to mer notifie	ery accept the appointment as registered agent and age tions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. I ed in writing of this change.	e perfor ed for in	mar 1 Ch	ice of my a Jupter 605.	acity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or. if this document is being filed
Signati	ure of Registered Agent				
•	Division of Corporations P.O.	Box 63	27	Tallahas	see, FL 32314

**FILING FEE: \$25.00**