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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	HORIZONTES MULTISERVICES,LLC				
301331	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Off	ice Change and I	ce(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to the fe	ollowing:		
HORI	IZON TAX,MENDOZA & COMPA	NY			
	Name of Person	********	_		
MEN	DOZA				
	Firm/Company		_		
7355	WEST 4TH AVENUE APT 216				
	Address				
HIALE	EAH,FLORIDA 33014				
	City/State and Zip Code		····		
mileid	ly09.mm@gmail.com				
Е	-mail address: (to be used for future ann	ual report notific	cation)		
For fur	ther information concerning this matter.	please call:			
MILEI	DY MENDOZA	305	988 6250		
	Name of Person	(Area Code & Daytime Telephone Numb		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 ahassee, Florida 32314		
	Enclosed is a check for the following	amount:			
	2 \$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. N	ame of the limited liability company: HORIZONT	ES MULTISE	RVICES,LLC		
2. (a)	7355 WEST 4TH AVENUE APT 216	(b) 73	(b) 7355 WEST 4TH AVENUE APT 216		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	HIALEAH,FLORIDA 33014	HIA	ALEAH,FLORIDA 33014		
	11/16/2016	L160	000210414		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	MGR				
	Registered Agent and Registered Office shown on the records o MILEIDY MENDOZA	of the Florida Dept.	of State:		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 7355 WEST 4TH AVENUE APT 216					
	HIALEAH . F	L 33014	72011 SEL		
(b)	MGR		CREATA ASS		
	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	- RAY C		
	ARANI MENENDEZ		FILED MOV 16 PN 4: 14 SECKETARY OF STATE FALLAHASSEE, FLORID:		
	NEW Registered Office Address: 7355 WEST 4TH AVENUE APT 216				
	HIALEAH	_{L_} 33014			
agent was/w	imited liability company is not organized under the large or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited bere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered iability compan of the limited li e limited liabili	office and the business office of the registered y, it is hereby confirmed that the change(s) jability company or as otherwise provided in		
Figna	ture of a member or authorized representative of a member		Printed or typed name of signee		
the obt to mer notifica	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide let reflect a change in the registered office address. It is writing of this change.	gree to act in the e performance of ed for in Chapte hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept as 605, F.S. Or, if this document is being filed a that the limited liability company has been		
Signatu	re of Registered Agent				
	Division of Corporations • P.O.	Box 6327● Tal	lahassee, FL 32314		

FILING FEE: \$25.00