

L16000218552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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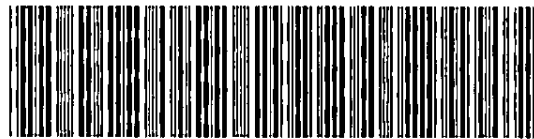
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SOJA MANAGEMENT SERVICES 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:

ALDO MARCELO CIVETTA

Name of Person

SOJA MANAGEMENT SERVICES LLC

Firm/Company

1921 NW 150 Ave Suite 103

Address

Pembroke Pines FL 33028

City/State and Zip Code

acivetta@sojamanagement.com

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

For further information concerning this matter, please call:

ALDO M CIVETTA

Name of Person

at ( 786 ) 585 1573

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

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**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: SOJA MANAGEMENT SERVICES LLC

2. (a) 104 CRANDON BLVD SUITE 400 (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

KEY BISCAWNE FL 33149 \_\_\_\_\_  
\_\_\_\_\_

3. 12/02/2016 4. L16000218552  
Date of filing/registration in Florida Document number

5. (a) ALDO CIVETTA  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

350 PALMWOOD LN  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
KEY BISCAWNE  
\_\_\_\_\_, FL 33149

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TALLAHASSEE, FLORIDA

(b) ALDO MARCELO CIVETTA  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1921 NW 150 Ave Suite 103  
**NEW Registered Office Address:**  
PEMBROKE PINES  
\_\_\_\_\_, FL 33028

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.

Aldo Civetta  
Signature of a member or authorized representative of a member

ALDO R. CIVETTA  
Printed or typed name of signer

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.

Aldo Civetta  
Signature of Registered Agent