L17000010832

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	· #)
(=,)		,
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	ument Number)	
•	,	
Cartified Capies	Cartificator	of Status
Certified Copies	Certificates	or Status
Special Instructions to F	iling Officer:	
		ļ
		į
		Ī

Office Use Only



300358993733

02/01/21--01014--006 **25.00

2021 FEG -1 PH 2: 36

Cert 3/10/21

COVER LETTER					
ΓΟ: Registration Section Division of Corporations					
NE CEDE MALIS HOLDINGS, LLC					
	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	r to the following:				
Antonio Gestido Jr.					
Name of Person					
Sambia Group Holdings, LLC					
Firm/Company					
6073 NW 167th Street, Suite C-1					
Address					
Miami, Ft. 33015					
City/State and Zip Code					
prodriguez@sambiagroupholdings.net					
E-mail address: (to be used for future annual repo	ort notification)				
For further information concerning this matter, please of	call:				
Antonio Gestido Jr. 3	05 817-0114				
Name of Person	Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following amoun	f:				
■ \$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.

a) .	6073 NW 167th Street, Suite C-1, Miami FL 33015	(b)6073 NW	167th Street, Suite C-1, Miami Fl. 33015
· •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	01/16/2020	_	L17000010	832
	Date of filing/registration in Florida	4.		Document number
(a)	Corporate Creations Network Inc.			
(41)	Registered Agent and Registered Office shown on the records of Corporate Creations Network Inc.	the Florid	a Dept. of Stat	e:
	Registered Office Address (MUST BE FLORIDA STREET) 801 US HIGHWAY 1	<u>4DDRES</u>	<u>S)</u>	
	NORTH PALM BEACH , FL	33408		_
b) .	Sambia Group Holdings, LLC			2021 FES
	Enter name of NEW Registered Agent and/or NEW Registered	Office at	<u>ldress</u> :	
	Sambia Group Holdings, LLC			
	NEW Registered Office Address:			
	6073 NW 167th Street, Suite C-1			23
	Miami	33015		
ige it w /y/e arti	mited liability company is not organized under the lay or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liar authorized by an affirmative vote of the members of less of longanization or the operating agreement of the	register ability co of the lir limited	ed office an ompany, it is nited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.
\ \ {ربو,	up of a member or authorized representative of a member by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete gations of my position astrogistered agent as provided by reflect a change in the registered office address. If In writing of this phange	ee to ac perform d for in hereby c	t in this cape ance of my Chapter 605 onfirm that	Printed or typed name of signee acity. I further agree to comply with to duties, and I am familiar with and acco 5, F.S. Or, if this document is being fil the limited liability company has been

FILING FEE: \$25.00

• • • •