Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L17000265991

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MARILI CANCIO JOHNSON P.A.
Account Number : 120160000073
Phone : (786)802-2332
Fax Number : (305)470-7453

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TALLAHASSEE, FL

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LLC REGISTERED AGENT CHANGE

WALZIRA LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$25.00

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Walzira 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:

Aida Zayas
Name of Person

Manli Cancio-Johnson PA
Firm/Company

150 SE 2ND Ave, Suite 1408
Address

Miami, FL 33131
City/State and Zip Code

azayas@cjrlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aida Zayas at 786 802-2332
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 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: Walzira LLC

2. (a) 8390 SW 72ND Ave Apt 430 Miami, FL 33143
Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)

(b) 8390 SW 72ND Ave Apt 430 Miami, FL 33143
Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX)

3. 2/1/2017
Date of filing/registration in Florida

4. L17000025991
Document number

5. (a) CIO Management LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
8390 SW 72ND Ave Apt 430
Miami, FL 33143

(b) Walter Borges
Enter name of NEW Registered Agent and/or NEW Registered Office address:

8390 SW 72ND Ave Apt 430
NEW Registered Office Address

Miami, FL 33143

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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.

Walter Borges
Signature of a member or authorized representative of a member

Walter Borges
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