

L170000 44292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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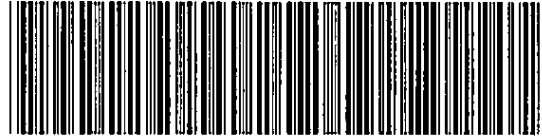
(Business Entity Name)

(Document Number)

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SUBJECT: NOVEK LLC

INHS18 (2/14)

Florida. The following statement in order to change its registered office or registered agent, or both, in the State of Florida, the undersigned limited liability company.

1. Name of the limited liability company: NOVEK LLC
2. (a) 9280 SW 21 Street
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Miami, FL 33165
- (b) same
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
3. 2/28/17
Date of filing/registration in Florida
4. L17000044292
Document number

5. (a) Luis A. Pallares
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
3900 NW 79 Ave. Suite 330
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Miami, FL 33166

- (b) Angel A. Suarez
Enter name of NEW Registered Agent and/or NEW Registered Office address:
9280 SW 21 Street
NEW Registered Office Address:
Miami, FL 33165

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.

[Signature]
Signature of a member or authorized representative of a member

S Novek

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.

[Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

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