L170000 66775

(Requestor's Name)						
(Address)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(D. A.N. obs.)						
(Document Number)						
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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Uamosa 's Ruovation Service (C) Name of Limited Liability Company							
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:							
Evill Chang Bernal. Name of Person							
llamosa's Perovation Service UC Firm/Company							
401 SW 18Th Am Apt 25 Address							
Addiess							
leani, FL 33135							
City/State and Zip Code							
City, State and Emp Code							
E-mail address: (to be used for future annual report notification)							
E-man address. (to be used for ruture annual report notification)							
For further information concerning this matter, please call:							
(uis llamosa at () 305-731-4988							
Name of Person at () 305-731-4988 Area Code & Daytime Telephone Nu							
. Area Code & Daytime Telephone Nu	шосі						
STREET/COURIER ADDRESS: MAILING ADDRESS:							
Registration Section Registration Section							
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327							
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314							
Tallahassee, Florida 32301							
Enclosed is a check for the following amount:							
\$25 Filing Fee \$\square\$ \$55 Filing Fee & Certified Copy							

INHS18 (2/14)

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.	Na	ame of the limited liability company: <u>Lamosa's Unovat</u>	ion Service UC
			Elliott Circle 33615.
	(-)	Principal office address of limited liability company:	Mailing address of limited liability company:
		(Note: MUST RE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
		03/23/2017	170000 66775
3.		Date of filing/registration in Florida 4.	Document number
5.	(a)	lis llamosa	
	(-)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	- e:
		9066 Elliott Circle 33615	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	-
			_
		म	
			-
	(b)	Erick Chang Bernal	_
		Enter name of NEW Registered Agent and/or NEW Registered Office address:	
		4015W 18th Aue Apt 25	_
		NEW Registered Office Address:	
		Meani Pl 33135	_
		, FL	-
the ag	e cha ent v is/we	imited liability company is not organized under the laws of the State of Flange or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is ere authorized by an affirmative vote of the members of the limited liability icles of organization or the operating agreement of the limited liability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	_	ture of a member or authorized representative of a member	Printed or typed name of signee
pro the to no	ovisi e obl merc tified	by accept the appointment as registered agent and agree to act in this cap ions of all statutes relative to the proper and complete performance of my ligations of my position as registered agent as provided for in Chapter 60: ely reflect a change in the registered office address, I hereby confirm that d in writing of this change.	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Si	gnatu	re of Registered Agent	

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.	Na	me of the limited liability company: <u>Uamosa'</u>	s Ker	water	Service UC
		9000 Elliott Circle 33615	(b) <u>9</u> 0	oco Filiot	airele 33615.
	(-) .	Principal office address of limited liability company:	_ (~)		of limited liability company:
		(Note: MUST BE STREET ADDRESS)		(Note: MAY	BE POST OFFICE BOX)
		03/23/2017,			0066775
3.		Date of filing/registration in Florida	4.	Document n	umber
5.	(a)	luis Vamosa			
	` '	Registered Agent and Registered Office shown on the records of the	e Florida Dept.	of State:	
		9066 Elliott Virale 33615			
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)	· · · · · · · · · · · · · · · · · · ·	n.a
					CONTRACTOR OF
		, FL			in the second
	(b)	Jesus Enrique Ortega +	lenera	٦	
		Enter name of NEW Registered Agent and/or NEW Registered O	ffice address:		Control of the second
		2097 Sw Trenton LN	 		J.
		NEW Registered Office Address:			
		Port St Lucie FL 34984-	- 4322		
		, FL		····	
If t	he li	mited liability company is not organized under the laws	of the State	of Florida it is her	rehy confirmed that after
the	cha	nge or changes are made, the Florida street address of the	he registered	office and the busi	ness office of the registered
		ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of			
		cles of organization or the operating agreement of the li			(a)
		Hell		Luis -	HIII
		ure of a member or authorized representative of a member		31	name of signee
I h	ereb	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p	e to act in thi	is capacity. I further first duties and L	er agree to comply with the
the	obli nere	ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided ly reflect a change in the registered office address, I he	for in Chapte reby confirm	er 605, F.S. Or, if in that the limited lie	this document is being filed
not	ified	in writing of this change,	. Log Longin		to the state of th
Sin	ngtur	e of Registered Agent			