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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:

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:

ANDERSON MAURO CUNHA DE AZEVEDO

Name of Person

Firm/Company

12867 GRACE HILL LN

Address

WINDERMERE, FL, 34786

City/State and Zip Code

andersonmauro@gmail.com

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

For further information concerning this matter, please call:

ANDERSON MAURO Name of Person	at () Area Code & Daytime Telephone Numbe
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

☑ \$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

(a)	4901 ROMEO CIRCLE		(b) 5591 S	OMERSBY RD		
. (4)	(a) Principal office address of limited liability company: (Netc: MUST BE STREET APDRESS) KISSIMMEE, FL 34746		(b)			
	04/07/2017	_	L170000	78904		
(a)	Date of filing/registration in Florida FLORIDA TAX HC USE LLC	4.		Document number		
	Registered Agent and Registered Office shown on the records of a 7550 FUTURES DR Registered Office Address (MUST BE FLORIDA STREET A SUITE # 306		. <u> </u>		TV C	2019 AUG
	ORLANDO , FL	3281	9	-		G 26
(b)	ANDERSON MAURO CUNHA DE AZEVEDO		address:	-		NN 9
	12867 GRACE HILL LN			_		99 50
	<u>NEW</u> Registered Office Address: WINDERMERE			_		
	, FL	3478	6	-		
e char ent w is/wei	mited liability company is not organized under the law age or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of the of organization or the operating agreement of the l	the reg bility the li imited	gistered offic company, it i mited liabili l liability cor	e and the business offic is hereby confirmed that y company or as otherw npany.	e of the re t the chang	gist ere c ec(s)
- 1	1. Change	M	ONICA CU	INHA BEZERRA		

1 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 us registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change infine registered office address. I hereby confirm that the limited liability company has been notified in writing of this change. Signature of Registered Agend

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

INHS18 (2/14)

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