L1700010Z206

(Requestor's Name)		
(Address)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Dusiness Entry Name)		
(Document Number)		
Certified Copies Certificates of Status		
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JAN 2 8 2021

S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations	
7 -	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	ange and fec(s) are submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Martha Horeira Name of Person	
Firm/Company	This is a request for name change (due to divorce) for existing registered
3773 Matheson A	Ve enlock. I hid
Address	MH see a
Miani FL 3313	13 (Coconut Grove) form for the
City/State and Zip Code	Situation
E-mail address: (to be used for future annual rep	1
For further information concerning this matter, please	e call:
Mattha Moreira at (305) 216- 1729 Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amou	nt:
□ \$25 Filing Fee	S55 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.

I. Na	me of the limited liability company: 1741 Southwoo	dSt uc
2. (a)	(b)	
() -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3773 Matheon Ave &	54m5
	Coconut Grore, FC 33133	
	5 8 17	-17000102206
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Martha HELENA YUNIS	
()	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	_ te:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	-
	0.4.4.7	
	3773 Matheson Are	-
	Coconst Grove FL 3313 Martha Moreira	<u>3</u>
(b) _.	Enter name of NEW Registered Agent and/or NEW Registered Office address:	_
	NEW Registered Office Address:	_
	5/A	
		-
	, FL	_
change agent w was/we:	mited liability company is not organized under the laws of the State of Flor changes are made, the Florida street address of the registered office and fill be identical. Or, in the case of a Florida limited liability company, it is re authorized by an affirmative vote of the members of the limited liability coefficies of organization or the operating agreement of the limited liability coefficients.	d the business office of the registered s hereby confirmed that the change(s) cy company or as otherwise provided in
Signan	ure of a member or authorized representative of a member	Printed or typed name of signee
provision the obli to mere	by accept the appointment as registered agent and agree to act in this cap ons of all statutes relative to the proper and complete performance of my gations of my position as registered agent as provided for in Chapter 602 by reflect a change in the registered office address, I hereby confirm that 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
Signatur	e of Registered Agent	

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