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COVER LETTER

Division of Corporations								
SUBJECT: Char Caling LLC Name of Limited Liability Company								
Name of Emilied Lia	onity Company							
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office Change and fe	ee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the fo	ollowing:							
Name of Person	_							
Char Cooling LLC Firm/Company	_							
14655 Sw 232nd S+ Address	_							
Miam. FL 33170 City/State and Zip Code	_							
E-mail address: (to be used for future annual report notific	ation)							
For further information concerning this matter, please call:								
Name of Person at (786) 338 5868 Area Code & Daytime Telephone Number							
Registration SectionRegiDivision of CorporationsDivisClifton BuildingP.O.	Stration Section sion of Corporations Box 6327 shassee, Florida 32314							
Enclosed is a check for the following amount:								
\$25 Filing Fee \$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.

l.	Na	me of the limited liability company: _ Chaar_	cool	ling	LLC	<u> </u>	
		14655 SW 2324d St				13/nd c/	
2. (u)		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) 1-1655 Sw 132nd Sf Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		M.um. FL 33170		Miam.	FL	33170	
		OS/1/2017 Date of filing/registration in Florida	. <u> </u>	1-1700	01048	68	
3.		Date of filing/registration in Florida	4.	Doo	cument num	ber	
5.	(a)	Juan M chaar					
	()	Registered Agent and Registered Office shown on the records of the	ne Florida I	Dept. of State:			
		14655 SW 232nd St					
		Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)			17 SEI	
		Miami ,FL	3	3170		FILED NUG 18 AN 11: 18 ECRETARY OF STATE LLAHASSEE, FLORIDA	
	(b)	Jorge de Nacimento Enter name of NEW Registered Agent and/or NEW Registered C				OF STA	
Enter name of NEW Registered Agent and/or NEW Registered Office address:					RSE -		
		14655 - 137 - 1				>* ∞	
		14655 Sw 232nd st NEW Registered Office Address:					
		<u> </u>					
		Mjami, FL	32	3170			
If t	he li	mited liability company is not organized under the law	s of the S	State of Florida	. it is hereby	v confirmed that after	
the	cha:	nge or changes are made, the Florida street address of t ill be identical. Or, in the case of a Florida limited lial	the regist	ered office and	the husines	e office of the registered	
wa:	s/we	re authorized by an affirmative vote of the members of	the limit	ed liability coi	mpany or as	otherwise provided in	
the	artı	cles of organization or the operating agreement of the l	imited lia	·	•	•	
<u> </u>	ignat	are of a member or authorized representative of a member		John Prin	L C	haar	
		y accept the appointment as registered agent and agre	a to act i			•	
the to r	obli nere	y accept the appointment as registered agent and agreoms of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ee to act to performan for in Cl ereby cor	n this capacity nce of my dution napter 605, F.S nfirm that the l	es, and I am S. Or, if this imited liabil	igree to comply with the familiar with and accept document is being filed lity company has been	
		e of Registered Agent					

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