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(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

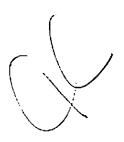
Office Use Only



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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations			
980 7TH AVE S UNIT 210, LLC SUBJECT:			
Name of Limit	cd 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:		
ALEX PINO			
Name of Person			
980 7TH AVE S UNIT 210, LLC			
Firm/Company			
4850 TAMIAMI TRAIL N. SUITE 301			
Address		2	
NAPLES, FL 34103	<u> </u>	2022 JUL 18	ar year
City/State and Zip Code		<u> </u>	محت محت-
alexpino@gmail.com	notification)		
E-mail address: (to be used for future annual report	notification)	PH 3: 1	
For further information concerning this matter, please cal	l:	9	
ALEX PINO 239	398-9080		
Name of Person	Area Code & Daytime Telephone Num	ber	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amount:			
■ \$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 Florida.

(a)	ALEX PINO	(b) ALEX	K PINO			
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	<u> </u>	•	ess of limited	•	
	4840 TAMIAMI TRAIL N SUITE 301		539 57	TH AVE S #332			
	NAPLES, FL 34103	_	NAPL	LES, FL 34102			
	06/02/2017		L17000	0121427			
	Date of filing/registration in Florida	- 4.		Document	t number	_	
()	WOOD, BUCKEL & CARMICHAEL						
(a)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of	f State:			
	WOOD, BUCKEL & CARMICHAEL						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>	_			
	2150 GOODLETTE ROAD NORTH					۸.	
	NAPLES , FI	34102			<u>:</u> :	2022 JUL 18	*: - -7
(b)	ALEX PINO				AHA SSE)L 18	4 H
` '	Enter name of NEW Registered Agent and/or NEW Registered	1 Office a	<u>ddress</u> :		SEC.	P	169
	ALEX PINO				<u>.</u> .	<u>ယ</u>	
	NEW Registered Office Address:					δ	
	4850 TAMIAMI TRAIL N SUITE 301			_			
	NAPLES . FI	34103					
				entration to be	D 1	Command e	hatatan i
ango ent v is/w	imited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register ability cof the line limited	red offic ompany nited lia	ce and the busing, it is hereby company company.	ness office onfirmed th	of the re at the cl	gistered lange(s)
Signa	ture of a member or authorized representative of a member			Printed or	typed name of	signee	
oviși e obi mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflection change in the registered office address, I d in writing of this equange.						