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## **COVER LETTER**

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TO: Registration Section Division of Corporations							
SUBJECT: Olga Maria Carballea Diaz, LLC. 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:							
Olga Haria Carballoa Diaz Name of Person							
Olga Maria Carballea Diaz, LC Firm/Company							
1049 Landview Ct Address							
Orlando, FL, 32828) City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Olga Maria Carballed Diaz at (407) 508-9848  Name of Person Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							
Enclosed is a check for the following amount:							
\$25 Filing Fee							

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: <u>Olga Ha</u>	ria (	<u>Parba</u>	llea Diaz, LLC.
	1049 Landview Ct	(b)	1049	1 Jandview Ct
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		1	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Orlando, F1, 37828		Orla	ando, FL, 32828.
		_		
	06/16/2017		L1-	7000132278
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Jeffrey Kaplan			_
	Registered Agent and Registered Office shown on the records of			e:
	130 Remington Drive Registered Office Address (MUST BE FLORIDA STREET)	+ D D B C C C		_
		<u>ADDKESS</u>	-	
	Suite 1000			-
	Oviedo	327	65	_
(b)	Olin Maria Carballea Diaz	2		
(-,	Enter name of NEW Registered Agent and/or NEW Registered		lress:	-
	1049 Jandview Ct			_
	NEW Registered Office Address:			
				-
	Orlando	<u>. 378</u>	28	_
the cha	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li	the regis	itered offic	e and the business office of the registered
was/we	ere authorized by an affirmative vote of the members of	of the lim	ited liabilii	ty company or as otherwise provided in
the arti	cles of organization or the operating agreement of the		lability cor	cia Carhallea Diaz
Signa	ture of a member or authorized representative of a member	_(:/_	1 1 141	Printed or typed name of signee
I herei provisi the obl to mere	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I	ree to act performed d for in C hereby co	in this cap ince of my Thapter 60 onfirm that	pacity. 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

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

Signature of Registered Agent