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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: F9/Wety 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:						
Pablo DaniLo Falcon Name of Person						
Firm/Company						
G74 SE & th PL Address						
Higheab FL 33010 City/State and Zip Code						
City/State and Zip Code						
Estal address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Pablo Falcon at (305) 297 1143						
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:						

□ \$55 Filing Fee & Certified Copy

SECRETARY OF STATE
SHORE OF CORPORATION OF CORPORAT

\$25 Filing Fee

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	ame of the limited liability company: _ FALCO	NE	TY 1	110	
2. (a)	674 SE 8 th PL	(b)	674	SE 8	to PL
, .	Principal office address of limited liability company:	_ (5).		address of limited lia	bility company:
	(Note: MUST BE STREET ADDRESS)			: MAY BE POST O	
	itiateah		Hic	Leah	
	FL 33010		EI	33	(11)
	_ 1 2 3 3 0 1 0			<u> </u>	()/ ()
	_6/21/2017		L	700013	4649
3.	Date of filing/registration in Florida	4.	Docu	ment number	<u> </u>
5. (a)	(nu horata (rections	1/00	FUNDER	111	
J. (u)	Corporate Creations Registered Agent and Registered Office shown on the records of the	e Florida D	ept. of State:	nc	
	11380 Proporty far	ms	Road		
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)	DUC		
	Suite # 221E				
					皇
	Palm Beach Gardens, FL	<u> 334</u>	70		19 SE
(b)	Pasin DuniLo Fa	100	,)		AUG AUG
(-,	Enter name of NEW Registered Agent and/or NEW Registered C	ffice addr	255:		
	11. 0.				1 6 197
	674 SE 8th PL				PH SPO
	NEW Registered Office Address:				STA STA
	Hickory				30
					5
		33 (1/)		
	, FL_	<u> 33 C</u>	<i></i>		
If the li	mited liability company is not organized under the laws	of the Si	tate of Florida, i	t is hereby confir	med that after
the cha	nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab	ne registe	red office and the	he business office	of the registered
was/we	ere authorized by an affirmative vote of the members of	the limite	d liability comr	any or as otherw	ise provided in
the artic	cles of organization or the operating agreement of the li	mited lia	bility company.		
	Totau.		Pas 16	Dan Lo d or typed name of sig	Falcon
Signat	ure of a member or authorized representative of a member		Printed	d or typed name of sig	gnee
I hereb provision the obli	oy accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I he	e to act in erforman for in Ch	this capacity. ce of my duties, anter 605 FS	I further agree to and I am familian Or if this docum	comply with the r with and accept ent is being filed
to mere notified	ly reflect a change in the registered office address. I he I'in writing of this change.	reby con	firm that the lim	ited liability com	pany has been
	Lataux.				

Signature of Registered Agent