L17000156141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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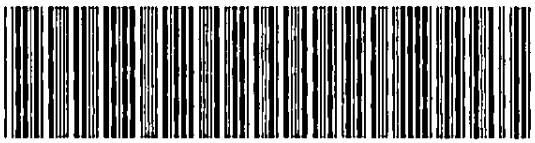

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2020

ERIKA VIEIRA
4910 NW 79TH AVE
APT 103
DORAL, FL 33166

SUBJECT: ERIKA VIEIRA LLC
Ref. Number: L17000156141

We have received your document for ERIKA VIEIRA LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

PLEASE ENTER NEW INFORMATIONTO BE CHANGED FOR REGISTERD AGENT IN SECTION 5B

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor Letter Number: 220A00010280

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ERIKA VIEIRA 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:

ERIKA VIEIRA
Name of Person

ERIKA VIEIRA LLC
Firm/Company

4910 NW 79th AVE APT 103
Address

DORAL, FL 33166
City/State and Zip Code

ERIKAMIAMIREALTOR@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIKA VIEIRA at (786) 493-4018
Name of Person Area Code & Daytime Telephone Number

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.

1. Name of the limited liability company: ERIKA VIEIRA LLC

2. (a) Principal office address of limited liability company:
(*Note: MUST BE STREET ADDRESS*)

4910 NW 79th AVE APT 103

DORAL, FL 33166

(b) Mailing address of limited liability company:
(*Note: MAY BE POST OFFICE BOX*)

4910 NW 79th AVE APT 103

DORAL, FL 33166

3. Date of filing/registration in Florida: 04/30/2020

4. Document number: L17000156141

5. (a) ERIKA VIEIRA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (*MUST BE FLORIDA STREET ADDRESS*)

5250 NW 84th Ave Apt 1204

DORAL, FL 33166

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(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

ERIKA VIEIRA

NEW Registered Office Address:

4910 NW 79th AVE APT 103

DORAL, FL 33166

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Erika Vieira
Signature of a member or authorized representative of a member

ERIKA VIEIRA
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Erika Vieira
Signature of Registered Agent

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