L17000167215

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
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COVER LETTER

10:	Registration Section Division of Corporations	•					
SUBJE	Boyaje LLC						
00001	Name of Limited Liability Company						
Dear Si	ir or Madam:						
The en	closed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.					
Please	return all correspondence concerning this	matter to the following:					
Juan .	J. García						
	Name of Person						
Boyaj	e LLC						
	Firm/Company						
8345	NW 66 St #C75538						
	Address						
Miami	il FL 33166-7896						
	City/State and Zip Code	advisited for the country and the state of t					
jj@bo	yaje.com						
Ē	-mail address: (to be used for future annua	l report notification)					
For fur	ther information concerning this matter, p	ease call:					
Juan .	J Garcia	998 883 1214					
	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	■ \$55 Filing Fee & Certified Copy					
INHS18	3 (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.

1.	Na	me of the limited liability company: Boyaje LLC		· · · · · · · · · · · · · · · · · · ·	
2.	(a)	Boyaje		(b) Boyaje	
_,	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Maili	ng address of limited liability company: ote: MAY BE POST OFFICE BOX)
		6767 Collins Ave Apt. 307		8345 NW 6	6 ST #C75538
		Miami Beach, Fl 33141	_	MIAMI FL 3	3166-7896
		03/15/2018 8/7/17		8 2-240473 7	47000167215
3.		Date of filing/registration in Florida	4.	Do	cument number
5.	(a)				
•	(₩)	Registered Agent and Registered Office shown on the records of the	he Flori	ia Dept. of State:	
		Juan J Garcia , 💃			** · , ·
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				28 2
		6767 Collins Ave Apt 307			
		Miami Beach	3314°		70
		, 1 D_			
	(b)		<u>.</u>		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office a	ddress:	
					\$4 A
		NEW Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	•
		8345 NW 66 ST #C75538			
					
		MIAMI FL., FL	33166	5-7896	
If t	he li	mited liability company is not organized under the law	s of th	e State of Florid	a. it is hereby confirmed that after
the	cha	nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial	the reg	istered office an	d the business office of the registered
wa	s/we	ere authorized by an affirmative vote of the members of	fthe li	mited liability co	mpany or as otherwise provided in
the	arti	cles of organization or the operating agreement of the l		• -	ny.
	ionat	ure of amender of authorized representative of a member	Ju	an J Garcia	nted or typed name of signee
		by accept the appointment as registered agent and agre	e to a		31
pro the	ovisi	ons of all statules relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have	perfori	nance of my duti Chapter 605 F	es, and I am familiar with and accept S. Or if this document is being filed
to i	mere tified	ly reflect a change in the registered office address, I had in writing of this change.	éreby	confirm that the	limited liability company has been
	-	()			
Sic	matin	re of Registered Agent			