

L17000 169 642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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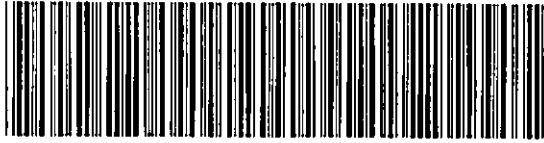
(Business Entity Name)

(Document Number)

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TALLahassee, FLORIDA

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JAN 1 2019

COVER LETTER

O: Registration Section  
Division of Corporations

SUBJECT: INDICO BUILDERS 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:

Ana Labrador Rosas

Name of Person

INDICO BUILDERS LLC

Firm/Company

809 Poplarwood Ln

Address

Kissimmee, FL, 34743

City/State and Zip Code

indico.builders@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ana Labrador Rosas

Name of Person

at ( 407 ) 427 4224

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

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: INDICO BUILDERS LLC

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

809 poplarwood Ln
KISSIMMEE, FLORIDA, 34743

809 poplarwood Ln
KISSIMMEE, FLORIDA, 34743

3. Date of filing/registration in Florida: 12/09/2018

4. Document number: L-17000169642

5. (a) JEAN M. MELENDEZ
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

822 SKY LAKE CIRCLE, ORLANDO, FL, 32809
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

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TALLAHASSEE, FLORIDA

(b) ANA LABRADOR ROSAS
Enter name of NEW Registered Agent and/or NEW Registered Office address:

809 Poplarwood Ln
NEW Registered Office Address:
KISSIMMEE, FLORIDA, 34743

the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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.

Signature of a member or authorized representative of a member

JEAN M. MELENDEZ
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 merely to reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent