L17000 174613

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Consideration to Filips Officer							
Special Instructions to Filing Officer:							
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Office Use Only



100303406071

09/13/17--01021--014 **25.00



J. HARRIS

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: C&M Henta	ai inves	· · · · · · · · · · · · · · · · · · ·				_
2. (a)	3136 Winesap Way Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Winter Garden, FL 34787		(b) 671 Mossy Branch Court Mailing address of limited liability co (Note: MAY BE POST OFFICE) Longwood, FL 32779				_
	August 12, 2017		L1700017	7 4613		<u>, </u>	_
3. 5. (a)	Date of filing/registration in Florida Maria Fernandez Ramos	4.	-	Document number			_
(**)	Registered Agent and Registered Office shown on the records of 3136 Winesap Way	of the Flori	da Dept- of State	• •			
	Registered Office Address (MUST BE FLORIDA STREET	TADDRE.	<u>88)</u>		>	2917	
	Winter Garden, F	3478	7	•	L P	SEP	ĺ
(b)	Victoria M. Echevarria			_	. A. 5 :::::	$\overline{\omega}$	 - -
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					T	•
	671 Mossy Branch Court				2.4	ဟ္ပ ယ	
	NEW Registered Office Address:				≯- '	<u>,c.</u> n	
	Longwood	.L_3277	Э				
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cley of organization or the operating agreement of the	of the reg liability s of the li ne limited	gistered office company, it is mited liability I liability com	e and the business of s hereby confirmed by y company or as oth apany.	ffice of the that the ch	register ange(s)	
	hava facuar	<u>M</u>	aria F. Ram		. é	_ 	_
I here, provisi the obl to mero notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and a fons of all statutes relative to the proper and completing to the proper and com	gree to a te perfor ded for in I hereby	ct in this cape mance of my o Chapter 605 confirm that	Printed or typed name- acity. I further agre- duties, and I am fam, 5, F.S. Or, if this do- the limited liability.	e to comp	ly with th and acce heing file ias been	ie ept ed

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