L17000184496

(Requ	estor's Name	·)
(Addre	ess)	
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(City/S	State/Zip/Pho	ne #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Na	ame)
(Document Number)		
Certified Copies	Certificate	es of Status
Special Instructions to Filing Officer:		
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Villesenor Myrine LLC		
Name of Limited	Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change an	d fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the	e following:	
German Villa Senur		
Name of Person		
Villasener Musine LLC		
Firm/Company		
2000 S Ciric Huy # 204		
Address		
Michi, FL 33133 City/State and Zip Code		
MiGmiG Signal 88. (oin E-mail address: (to be used for future annual report not	ification)	
For further information concerning this matter, please call:		
German Villaschir at 305	101-8858	
Name of Person	Area Code & Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:		
□ \$25 Filing Fee	S55 Filing Fee & Certified Copy	

g - "

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: Villascaper	Marine LLC
2.43	(h)
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)
2000 S Dixic Huy # 204 Milm, FL 33133	ZOOUS Dixie Huy # Zody
Micm, FL 33133	Minn FL , 33133
Jo/3/2018 Date of filing/registration in Florida	L17000184496
3. Date of filing/registration in Florida	4. Document number
5. (a)	
Registered Agent and Registered Office shown on the records of the	ne Florida Dept, of State:
GEMM Villesenor	
Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)
5590 Mary St, Suite 116	
3390 Mary St, Suite 116 Miami .FL	33133 ±
	P _M
(b) Enter name of NEW Registered Agent and/or NEW Registered (%. 2:
Enter name of NEW Registered Agent and/or NEW Registered	Office address: ယ မ တ
Germa Villasener	
NEW Registered Office Address:	
2000 S Dixie Huy # 204	
Milmi FI.	33133
If the limited liability company is not organized under the law change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited lial was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the l	registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) the limited liability company or as otherwise provided in imited liability company.
In With	Printed or typed name of signee
Signature of a member or authorized representative of a member	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p the obligations of my position as registered agent as provided to merely reflect a change in the registered office address. I he notified in writing of this change	to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept for in Chapter 605. F.S. Or, if this document is being filed ereby confirm that the limited liability company has been
Signature of Registered Agent	