

L17000192466

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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MAIL

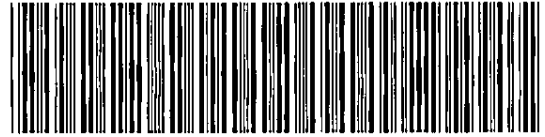
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THIRD STRIKE LUXURY, 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:

ALESSANDRA Sasha Roebeling Szul

Name of Person

THIRD STRIKE LUXURY, LLC

Firm/Company

2780 NE 183rd St #1006

Address

Aventura, FL 33160

City/State and Zip Code

sashaszul9@gmail.com

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

For further information concerning this matter, please call:

Alessandra Sasha Roebeling Szul at ( 305 761 5237 )  
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

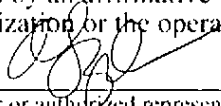
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*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.*

**THIRD STRIKE LUXURY, LLC**

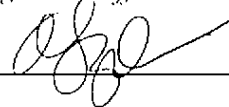
1. Name of the limited liability company: THIRD STRIKE LUXURY, LLC
2. (a) 2780 NE 183RD ST #1006 AVENTURA FL  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
33160
- (b) 2780 NE 183rd St #1006  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Aventura FL  
33160
3. 09/15/2017 Date of filing/registration in Florida
4. L17000192466 Document number
5. (a) ALESSANDRA SZUL  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
2780 NE 183RD ST #1006  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
AVENTURA, FL 33160
- (b) ALESSANDRA SASHA ROEBLING SZUL  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
2780 NE 183RD ST #1006  
**NEW** Registered Office Address:  
AVENTURA, FL 33160
- 17 OCT 13 PM 1:49*  
*\* remove*  
*\* name change. The bank needs my full name on articles of org. to open acct.*

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.

  
Signature of a member or authorized representative of a member

ALESSANDRA SASHA ROEBLING SZUL  
Printed or typed name of signer

*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.*

  
Signature of Registered Agent