## L17000206566

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone #	)		
PICK-UP	WAIT	MAIL		
(Bu	ısiness Entity Name)	<del></del>		
(Do	ocument Number)			
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
		:		

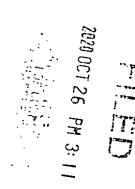
Office Use Only



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nec 0 5 2020 S. YOUNG



## **COVER LETTER**

	gistration Section vision of Corporations					
SUBJECT	MAHOGANY CABINETRY LI	.C				
no Bonc i	Name of Limited Liability Company					
Dear Sir or	Madam:					
The enclos	ed Registered Agent/Registered	Office Change and f	ee(s) are submitted for filing.			
Please retu	rn all correspondence concerning	g this matter to the fo	ollowing:			
Nivaldo Da	ros Junior					
	Name of Person		_			
	Firm/Company		_			
6601 Lyons	s Rd					
	Address					
Coconut Cr	reek, FL - 33073					
	City/State and Zip Coc	le				
junior.daros	s@gmail.com					
E-ma	il address: (to be used for future	annual report notific	cation)			
For further	information concerning this mat	ter, please call:				
Junior Darc	os .	954 at (	326-3593			
	Name of Person		Area Code & Daytime Telephone Number			
Re Di P.0	ailing Address: egistration Section vision of Corporations O. Box 6327 Illahassee, F1, 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
En	closed is a check for the follow	ing amount:				
1	\$25 Filing Fee	□ \$5:	5 Filing Fee & Certified Copy			

INHS18 (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.

(a)	ANAEL INACIO RAMOS NETO		(b) NIVAL	DO JOSE DAR	ROS JUNIOR		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
	6601 LYONS ROAD		6601 LY	ONS ROAD			
	COCONUT CREEK, FL 33073	_	COCON	NUT CREEK. F	1. 33073	<u>-</u>	
	10/04/2017		1.1700020	06566			
	Date of filing/registration in Florida	4.		Document	number		
(a)	ALL HOME IMPROVEMENTS LLC						
	Registered Agent and Registered Office shown on the records of	the Flo	rida Dept. of S	tate:			
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRI</u>	ESS)	_		2020	
	6601 LYONS ROAD					30	* ;
	COCONUT CREEK . FL	33073	3	_		2020 OCT 26	• त्राध्यम् कारकः *
(b)	ANAEL INACIO RAMOS NETO						
, ,	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:		. :	<u>ယ</u> —	See al
	6601 LYONS ROAD					_	
	NEW Registered Office Address:						
	6601 LYONS ROAD			<u>.                                    </u>			
	COCONUT CREEK FI	33073	3				
inge ent w s/we artic	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited live authorized by an affirmative vote of the members of the organization or the operating agreement of the unit of a member of an authorized representative of a member	ws of t regist ability of the l limite	he State of I ered office a company, it limited liabi d liability co	and the busine t is hereby cor lity company company. TO RAMOS N	ess office of the strain of the strain of the strain of the strain or as otherwi	he regi he cha se pro	istered inge(s)
_	·/ /	ena to	ent in this as	•			o mielo elo c
wiel	of accept the appointment as registered agent and agrows of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I will marify of this change.	norto	2017/2017/2017 117:00	v duties and	l zon familiar	with c	md occen

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