## LI7000320402

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
	<del></del> _			

Office Use Only



500349708195

95/97/2005/1951 (#030 - ##25.6)

OZO AUG -7 AM II: O3

## **COVER LETTER**

TO:		ration Section on of Corporations			
SUBJ		Anova Commerce LLC			
0000	_	Name of Limited Liability Company			
Dear S	Sir or M	adam:			
The er	nclosed	Registered Agent/Registered Office	Change a	nd fee(s) are submitted for filing.	
Please	return a	ill correspondence concerning this	matter to tl	ne following:	
Marco	Romero				
		Name of Person		<del></del>	
Anova	Comme	ree LLC			
		Firm/Company			
18331	Pincs Bl	vd #138			
		Address			
Pembr	roke Pine	s, FL 33029			
		City/State and Zip Code		<del></del>	
	E-mail a	ddress: (to be used for future annua	il report no	tification)	
For fu	rther inf	formation concerning this matter, p	lease call:		
			_ at (	)	
		Name of Person		Area Code & Daytime Telephone Number	
		ng Address:		Street Address:	
		tration Section		Registration Section	
		ion of Corporations		Division of Corporations The Centre of Tallahassee	
	_	Box 6327 nassee, FL 32314		2415 N. Monroe Street, Suite 810	
	ranai	iassee, FE 32314		Tallahassee, FL 32303	
	Enclo	sed is a check for the following a	mount:		
	■ \$25	Filing Fee	0	\$55 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.

2. (a)	me of the limited liability company: Anova Commerce 66 West Flagler Street Suite 900			、18331 Pines Blvd #138
. (a) <u>.</u>	Principal office address of limited liability company:		(b)	Muiling address of limited liability company:
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
	Miami, FL 33130			Pembroke Pines FL 33029
	10/24/2017		ī	L17000220402
,	Date of filing/registration in Florida	4.	_	Document number
(a)	REGISTERED AGENTS INC.			
	Registered Agent and Registered Office shown on the records of	f the Flor	ida	Dept. of State:
	7901 4TH STREET NORTH SUITE 300			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	(22	20 20
	ST PETERSBURG F	33702		2020 AUG -7 SECRETARY TALLAHAS
	,	· <u></u>		-7 HAXY
(b)	David Bensoussan			-7 AH RY OF HASSEE
	Enter name of NEW Registered Agent and/or NEW Registered	d Office	add	AHII: 0: SEE, FL
	66 West Flagler Street Suite 900			
	NEW Registered Office Address:		-	
	Miami	33130	<del></del>	<del></del>
	Miami . FI	L		
	mited liability company is not organized under the la	ws of t	he S	State of Florida, it is hereby confirmed that afte
hange gent w vas/we	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- tre authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registe iability of the I	erec cor imi	mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided iability company.
hange gent w vas/we ne artic	or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited literather authorized by an affirmative vote of the members cles of organization or the operating agreement of the die of a member or authorized representative of a member	e registe iability of the I e limited	erec cor imi d lic	mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided liability company.  MAICO PONTERO  Printed or typed name of signee
change agent w was/we the artic	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registe iability of the I e limited	erec cor imi d lic	mpany, it is hereby confirmed that the change( ited liability company or as otherwise provider iability company.  MAICCO PONTONO  Printed or typed name of signee

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 F1LING FEE: \$25.00