U17000224434

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

Office Use Only



000433962820

ປີຄ້/26/24--ພີ່!ຕຸບີລິ--ພີບີໄ ສະພວົ່.ພີບີ

2024 AUG 23 PH 3: 40

TILED

2024 AUG 23 AM 9: 53

SECRETARY OF STATE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

NU WORLD TITLE	OF SUNSET, LLC		
· · · · · · · · · · · · · · · · · · ·			
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
		<u> </u>	Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
		i	Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
		✓	Photo Copy
		l	Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
]	Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
Signature			Vehicle Search
	- 		Driving Record
Requested by:BA	1/09/23	<u> </u>	UCC 1 or 3 File
			UCC 11 Search
Name	Date Time		UCC 11 Retrieval
Walk-In Thom siving GA B/CC	Will Pick Up	_	Courier

COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations NU WORLD TITLE OF SUNSET, ELC SUBJECT: 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: JACKY VILLALOBOS Name of Person FILEJET INC. Firm/Company 10440 PIONEER BLVD STE 8 Address SANTA FE SPRINGS, CA 90670 City/State and Zip Code REGISTEREDAGENT@FILEJET.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JACKY VILLALOBOS 949 259-5955 _ at (____ 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: S25 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.

a)	9425 SW 72 STREET	(b))	9425 SW 7	2 STREET
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	SUITE 142	-	-	SUITE 142	\- <u></u>
	MIAMI, FL 33173 10/30/2017		MIAMI, FL 33173 L17000224434		
(a)	Date of filing/registration in Florida HERNANDEZ, RODOLFO			Document number	
(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 9425 SW 72 STREET				:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) SUITE 142				FILED 2024 AUG 23 AM 9: 53 SEURETANY OF STATE TALLAHASSEE, FL
	MIAMI , FL 33173				
b)	FILEJET INC.				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>				
	625 E. TWIGGS ST.,				
	NEW Registered Office Address:				•
	SUITE 110				
	TAMPA FL	33602			
ige it w /wc	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable and the street authorized.	egistere oility cost the lim mited li	d m ite	office and pany, it is ed liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided i apany.
gnati	ture of a member or authorized representative of a member	Kon	ווט	o nemana	Printed or typed name of signee
	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had I'm writing of this change.	e to act erforma for in C reby co	in (ni (hi (n)	this capa ce of my d apter 605, frm that t	

Signature of Registered Agent