

(Requestor's Name)
(Address)
(Address)
(City)Chate (Tity) (Dhave 40)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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COVER LETTER

TO:	Registration Section Division of Corporations							
CHDI	635 Group LLC							
SORI	SUBJECT: Name of Limited Liability Company							
Dear S	Sir or Madam							
The er	nclosed Registered Agent/Registered Of	fice Change and fe	ee(s) are submitted for filing.					
Please	return all correspondence concerning th	nis matter to the fo	ollowing:					
Pedro	o Rivera							
-	Name of Person		_					
635 (Group LLC							
	Firm/Company		_					
2653	Bruce B Downs Blvd #108-132							
•	Address		-					
Wesl	ey Chapel, Florida 33544							
	City/State and Zip Code	<u>, </u>	-					
newli	fenowpr@gmail.com							
E	E-mail address: (to be used for future and	nual report notific	ation)					
For fu	rther information concerning this matter	please call:						
Andre	es Martinez	787	639-2826					
	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	Regi Divis P.O.	SILING ADDRESS: stration Section sion of Corporations Box 6327 thassee, 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.

L. Na	635 Group LLC une of the limited liability company:	;					
2. (a)	2300 Grand Cypress Dr		b)	2653 Br	ruce B Downs	s Blvd	#108-132
2. (0)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. (Ο, .	N	Mailing address of I		
	Forever Crystals #306 Tampa Premium Outle			Wesley	Chapel, FL. U		
	Lutz. FL. US 33559		-				
	October 31, 2017 / October 30, 2017		L	1700022	25028		
3.5. (a)	Date of filing/registration in Florida Andres Martinez	4.	_		Document num	iber	
5. (a)	Registered Agent and Registered Office shown on the records of the 5734 Granite Ln	Florid	a D	ept. of State	- e:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_		
	Lakeland 33	3809			-		AON 23
(b)	Pedro Rivera			-	٠.	t Ce	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			-		Ten H. Jr	
	2044 Park Crescent Dr.				7: 1	64 :3	
	NEW Registered Office Address:				-	`.	_
	Land O' Lakes 34	4639			•		
the cha agent was/we the arti	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of the close of organization or the operating agreement of the line where of a member or authorized representative of a member.	e regi lity co he lin nited	iste om nite lial	red office pany, it is ed liability	e and the busines s hereby confirm y company or as apany.	ss office ned that otherw	e of the registered the change(s) rise provided in
provisi the obl. to merc notified	by accept the appointment as registered agent and agree ons of all systuges relative to the proper and complete pe igations of the provided factors of the provided factors of the provided factors of this change. I her if you got this change.	rtorm	1/111	ce ot my c	duties, and Lam	tamilia	ir with and accent
Signatu	of Registered Agent						

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	Forever Crystals #306 Tampa Premium Outle	-			Chapel, FL.		
	Lutz, FL. US 33559	-	-				
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	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						17 ×04
	Lakeland 3	3809	-		! !		1
	Pedro Rivera						<u>};</u> op
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			ress:		ੜ* (: 49
	2044 Park Crescent Dr.					*•	
	NEW Registered Office Address						
	Land O' Lakes	34639	9				
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Signa	nire of a member or authorized representative of a member	_			Printed or type	ed name	of signee
I here provisi the obl to mere notified	by accept the appointment as registered agent and agre ons of all sutures relative to the proper and complete p igations of my position as registered agent as provided ely reflecta change in the registered office address. I he I is string of this change.	e to a perfori for in ereby	ct ma i C co	in this cape ince of my o hapter 605 infirm that i	acity. I furth duties, and I i, F.S. Or, if the limited li	er agre am fan this do abiluy	re to comply with the ulliar with and accept cument is being filed company has heen
Signatu	re of Registered Agent						