L17000241484

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





800324553568

02/19/19--01020--016 **25.00

2019 FEB 19 PH 10: 47
SECRETARY OF STATE

APPROVED AND FILED

1025/g

COVER LETTER'S

TO: Registration Section

INHS18 (2/14)

Division of Corporations								
SUBJECT: <u>Sandyblev Holding</u> Name of Lin	35 LLC nited 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:								
Cilorica Elena Echeverri Name of Person								
Dandyblev Holdings, 1								
6421 Sw 95th Avenue Address								
Miami, F1 33173 City/State and Zip Code								
JREG121@Gmail. Com E-mail address: (to be used for future annual repo	rt notification)							
For further information concerning this matter, please call:								
Glorici Elena Echevern at (2) Name of Person	Area Code & Dayrime 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.

1.	Na	me of the limited liability company: <u>Sardy Ble</u>	0 H	<u>Holdin</u>	gs, LLC		
2.		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)		Mailing address of limited lia		
		Miam: 71 33173	·				
		05 29 2018 Date of filing/registration in Florida		717	000241484		
3.			4.		Document number		
5.	(a)	JROHONEY LLC	E1 1 1 1	× 215.	-		
		Registered Agent and Registered Office shown on the records of the		•	e:		
		Registered Office Address (MUST BE FLORIDA STREET AL		<u> </u>	-		
		Register Office Address Front Dr. Fr	2121(12.5.1)				
					-		
		South Miami . FL	331	<u>EP</u> ,	-	~	
	(h)	JROHONEY I.C.			FALC	1610	
	(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office addi	ress:		(2	AP#
		6421 Sw 95th Avence			ASSE	2019 FEB 19 PM 10: 47	AND AND TILEO
		NEW Registered Office Address:			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	PM	(B)
						t. Ö:	
			_		-Çfi	-	
		Miami FL	<u> 331</u>	가 스.	-		
the age was	cha ent v s/yy	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cless of organization or the operating agreement of the li	he registability con the limit	ered office npany, it is ted liability	e and the business office s hereby confirmed that y company or as otherw	of the ch	e registered ange(s)
	74	a Colui =	Cilo	orici E	Llerci Echeve		
	-	ue of a member or authorized representative of a member by accept the appointment as registered agent and agree	a to and i	n thic acc	Printed or typed name of si	-	lo with the
pro the to i	visi obli nere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have the provided in the registered office address. I have the provided in the change.	e 10 act 1 erformai för in Cl reby coi	n inis capa nce of my l lapter 605 afirm that	acity. I further agree to duties, and I am familia 5. F.S. Or, if this docum the limited liability com	r with ent is pany i	iv with the and accept being filed has been

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

Signature of Registered Agent