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## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 15, 2018

KARINA VALERA 8246 SW 147 CT MAIMI, FL 33193

SUBJECT: VALERA CONSULTING LLC Ref. Number: L17000243000

We have received your document for VALERA CONSULTING LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$5.00.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 418A00010066

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### COVER LETTER

#### TO: Registration Section Division of Corporations

lera ('.or 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:

Karina ' /alera CONSULTI Firm/Company 011 14= Address Iami 33 City/State and Zip Code E-mail address: (to be used for future annual seport notification)

For further information concerning this matter, please call:

-11(7-86)Area Code & Davtime Telephone Number

Name of Person

# STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

MAILING ADDRESS:

Enclosed is a check for the following amount:

□ \$25 Filing Fee

\$55 Filing Fee & Certified Copy

# STATEMENT OF CHAINGE 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.

	intera computing //C
1. Na	ume of the limited liability company: CI_CI_CI_CU CU
2. (a)	(b)
	$\frac{(Note: MUST BE STREET ADDRESS)}{(Note: MAY BE POST OFFICE ROX)}$
	$\frac{0/400117121}{22102}$
	11/27/17 - 1700243000
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Agent and Registered office and the formation of the formation
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	72:02
	MIQMIFL_33193
(b)	Ruben Martin Aquilar (add) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :
	$i \int d d a$
	NEW Registered Office Address:
	FL
the characteristic	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in if espot organization or the operating agreented of the limited liability company.
Signa	Jure of a number of sub- Alguing of a member TUDEN M. Alguing of stenee
provis the ob to mer	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed elyreffect a change in the registered office address. I hereby confirm that the limited liability company has been d'in vriting of this change.
Signati	HUMAL/W/

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

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