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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		
SUBJECT: Tesse New In label 18 20 Name of Limited Liability Company	LLC	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submit	ted for filing.	
Please return all correspondence concerning this matter to the following:		
Name of Person	·	
Tessa Neva Telaja LLC Firm/Company		
1300 Collins ave 205		
Miami Beach, FL 33139 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Kim Trizia at (786) 200 Name of Person Area Code & D	3857 Paytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRE Registration Section Division of Corporat P.O. Box 6327 Tallahassee, Florida	tions	
Enclosed is a check for the following amount:		
® \$25 Filing Fee & C	ertified 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. Name of the limited liability company: Mailing address of limited liability company: Principal office address of limited liability company: (Note: MAY BE POST OFFICE BOX) (Note: MUST BE STREET ADDRESS) Date of filing/registration in Florida 3. 5. (a)Registered Agent and Registered Office shown on the records of the Florida Dept. of State: (MUST BE FLORIDA STREET ADDRESS) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address. ave of If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change. notified in writing of this change.

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

Signature of

Registered Agent