

(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:							

Office Use Only



800322507738

01/08/19--01014--005 **25.00

2019 JAN -8 PM 3: 40

C GOLDEN

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Over Communications 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:							
Helene Viso							
Name of Person							
Queens Communications LLC Firm/Company							
860 Collins Are							
Mianu Beach FC 33139 City/State and Zip Code							
GCCOUNTING Q gueens hospitality, com E-mail address: No be used for future annual report notification)							
For further information concerning this matter, please call:							
Helene VISO at 917, 655-4168							
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 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.

I. Na	me of the limited liability company:	Dueen	<u>s (2) M</u>	munica	itions	LLC	
2. (a)	S60 Collins A	re_	(b)	· ·	Same		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Mianu Beach FL 33	139					
	12/06/17			L17006	02501	44	
3.	Date of filing/registration in Florida		4.	Document	number		
5. (a)	Registered Agent and Registered Office shown on the	stoph	er Visc)			
(III)	Registered Agent and Registered Office shown on the	records of the	Florida Dept. of	State:			
	800 Collins	Are					
	Registered Office Address (MUST BE FLORIDA:		ORESS)		: 2	29	
					- - - - - - - - - - - - - - - -	<u> </u>	
	Miami Beach	, FL:	33139		HALLAHASSEE,		
(b)	Helene VISO				S C T	e M	
	Enter name of NEW Registered Agent and/or NEW I	Registered Off	fice address:			ب 5	
	860 Collins Are				in C	5	
	NEW Registered Office Address:						
	Miami Beach	FL	3313	9			
the cha agent v was/we	imited liability company is not organized undoinge or changes are made, the Florida street activities to the case of a Florida library authorized by an affirmative vote of the models of organization or the operating agreements.	ddress of the imited liabil embers of th	e registered o lity company, ne limited lial	ffice and the bu it is hereby co pility company	usiness office onfirmed that	of the registered the change(s)	
the arti	Allen Uso	int on the fill	ined nabirity	ما ملا	ne VIS	റ	
Signat	Signature of a member or authorized representative of a member				Printed or typed name of signee		
I herei provisi the obl to mere notified	by accept the appointment as registered agent ons of all statutes relative to the proper and c igations of my position as registered agent as ely reflect a change in the registered office ad I in writing of this change	t and aneas	to act in this rformance of or in Chapter eby confirm t	capacity. I fur my duties, and 605, F.S. Or, hat the limited	ther agree to I am familia if this docum Tiability com	comply with the r with and accept ent is being filed pany has been	