## 48000000139

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
HANS BACHMANN LLC SUBJECT:	•
	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
HANS BACHMANN	
Name of Person	<del></del>
HANS BACHMANN LLC	
Firm/Company	
636 NE 83RD ST	
Address	<del></del>
MIAMI, FL, 33138	
City/State and Zip Code	<del></del>
HANSBACHMAN@GMAIL.COM	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
HANS BACHMANN 3	05 720 4598
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amoun	t:
□ \$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. 1	Name of the limited liability company:HANS BACHM	ANN I	LC
2 (a	)		(b)
(	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	636 NE 83RD ST		636 NE 83RD ST
	MIAMI, FL, 33138	_	MIAMI FI., 33138
	JANUARY 2, 2018		L 18000000739
3.	Date of filing/registration in Florida	4.	Document number
5. (a	HANS BACHMANN		
J. (	Registered Agent and Registered Office shown on the records of	the Flor	da Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE	<u>SSS)</u>
	2025 MERIDIAN AVE UNIT 4		
	MIAMI BEACH EI	33139	<del></del>
	, 11		<del></del>
(b	) HANS BACHMANN		
	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:
	NEW Registered Office Address:		
	636 NE 83RD ST		
	MIAMI	33138	
	FI.	90100	
chang agent	limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registe ability	ered office and the business office of the registered company, it is hereby confirmed that the change(s)
	- WILL	<u> </u>	ANS BACHMANN
_	nature of a member or authorized the presentative of a member		Printed or typed name of signee
l her provi the o to me notifi	reby accept the appointment as registered agent and agressions of all standes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address, I liked in writing of this change	ee to a perfor d for ir hereby	ct in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been
Signa	ture of Registered Agent		

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

INHS18 (2/14)

## 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.

2. (a)		(b) _				
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Timited liability company: E POST OFFICE BOX)		
	636 NE 83RD ST	63	66 NE 83RD ST			
	MIAMI, FL, 33138		MIAMI FL, 33138			
	JANUARY 2, 2018	1.1	800000739			
3.	Date of filing/registration in Florida		Document nur	nber		
	HANS BACHMANN					
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida De	pt. of State:			
	<u> </u>					
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	<del></del>	.c. <b>2</b> 0		
	2025 MERIDIAN AVE UNIT 4			Z020 JUL SECRETA		
	MIAMI BEACH	FL 33139		E TARY		
(b)	HANS BACHMANN			(0)		
(0)	Enter name of NEW Registered Agent and/or NEW Register	red Office addre	<u>ss</u> :	PHIZ: 48 OF STATE		
	NEW Registered Office Address:					
	636 NE 83RD ST					
	MIAMI ,	FL				
	limited liability company is not organized under the e or changes are made, the Florida street address of	the registered (	office and the business	office of the registered		
chang agent was/v the ar	will be identical. Or, in the case of a Florida limited vere authorized by an affirmative vote of the member ticles of organization or the operating agreement of t	I liability comp rs of the limite the limited liab	id liability company or bility company.  BACHMANN	as otherwise provided in		
chang agent was/v the ar	will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member	I liability compression of the limited liability HANS	od liability company or bility company.  BACHMANN  Printed or typed	as otherwise provided in		

**FILING FEE: \$25.00** 

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