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MONTGOMERY COUNTY

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JUL 26 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THY PATH LLC

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:

FERNANDEZ FREIRE, MARIA

Name of Person

THY PATH LLC

Firm/Company

101 BRINY AVENUE . APT 711

Address

POMPANO BEACH (FL) . 33062

City/State and Zip Code

maritaffff@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FERNANDEZ FREIRE, MARIA

904
at (_____) _____

380-1978

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.

1. Name of the limited liability company: THY PATH LLC

2. (a) <u>101 BRINY AVENUE</u> Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) <u>APT 711</u> <u>POMPANO BEACH, FLORIDA (33062)</u>	(b) <u>101 BRINY AVENUE</u> Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) <u>APT 711</u> <u>POMPANO BEACH, FLORIDA (33062)</u>
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3. <u>01/22/2018</u> Date of filing/registration in Florida	4. <u>L18000019502</u> Document number
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5. (a) LEGALINC CORPORATE SERVICES INC.
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5237 SUMMERLIN COMMONS
 Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
SUITE 400
FORT MYERS, FL 33907

(b) MARIA FERNANDEZ FREIRE
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
101 BRINY AVENUE
NEW Registered Office Address:
APT 711
POMPANO BEACH, FL 33062

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 STATE OF FLORIDA
 DIVISION OF CORPORATIONS

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	_____ MARIA FERNANDEZ FREIRE Printed or typed name of signer
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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, I hereby confirm that the limited liability company has been notified in writing of this change.

 Signature of Registered Agent