

18000040339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

AXENNOC LLC

**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:

LYNDSAY McBETH

\_\_\_\_\_  
Name of Person

AXENNOC LLC

\_\_\_\_\_  
Firm/Company

2450 HOLLYWOOD BLVD. STE 502

\_\_\_\_\_  
Address

HOLLYWOOD FL 33020

\_\_\_\_\_  
City/State and Zip Code

l.mcbeth@icloud.com

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

For further information concerning this matter, please call:

LYNDSAY McBETH 305 7786480

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
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 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.*

AXENNOC LLC

1. Name of the limited liability company: \_\_\_\_\_  
 2450 HOLLYWOOD BLVD. 2450 HOLLYWOOD BLVD.

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*  
 STE 502, HOLLYWOOD FL 33020 STE 502, HOLLYWOOD FL 33020

3. \_\_\_\_\_ 4. \_\_\_\_\_  
 Date of filing/registration in Florida Document number  
 02/14/2018 L18000040339

5. (a) \_\_\_\_\_  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
 2750 NE 183RD ST. APT 2803, AVENTURA FL 33160

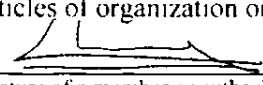
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
 \_\_\_\_\_  
 \_\_\_\_\_, FL

LYNDSAY McBETH

(b) \_\_\_\_\_  
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
 2450 HOLLYWOOD BLVD  
 \_\_\_\_\_  
**NEW** Registered Office Address:  
 STE 502  
 \_\_\_\_\_  
 HOLLYWOOD 33020  
 \_\_\_\_\_, FL

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 SECRETARY OF STATE  
 TALLAHASSEE, FL 32311

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

ALVARO ALLENDE  
 \_\_\_\_\_  
 Printed or typed name of signee

*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