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COVER LETTER

TO: Registration Section Division of Corporations		
	et: Flores	<u></u>
SUBJEC	T: <u></u>	Name of Limited Liability Company
Dona Cia	Madami	
	or Madam:	
The encl	osed Registered Agent/Reg	istered Office Change and fee(s) are submitted for filing.
Please re	turn all correspondence cor	neerning this matter to the following:
	No- 1 710-05	
Nery Flores Name of Person		
	, will of the	
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	Firm/Comp	any
1	11100 2001 120	1
	1453 NW 122 Address	terra ce
	Address	
	Pombrone Pin	es FL 33026
	City/State and	Zip Code
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E-r	Nerv 27/28 W North	NIL. OM r future annual report notification)
ror furu	ner information concerning	this matter, prease care
	Mory Flores	at (<u>443</u>) <u>400 - 1986</u>
	Name of Person	Area Code & Daytime Telephone Number
•	STREET/COURIER ADI	DRESS: MAILING ADDRESS:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations P.O. Box 6327
	Clifton Building 2661 Executive Center Circ	
	Tallahassee, Florida 32301	
Enclosed is a check for the following amount:		
I	S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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. Albres A. Name of the limited liability company: 2. (a) _ Mailing address of limited liability company: Principal office address of limited liability company: (Note: MAY BE POST OFFICE BOX) (Note: MUST BE STREET ADDRESS) L1800004263 Document number 3. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: (MUST BE FLORIDA STREET ADDRESS) Registered Office Address Enter name of NEW Registered Agent and/or NEW Registered Office address: 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. Printed or typed name of signee Signature of a stember of 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, I hereby confirm that the limited liability company has been notified in writing of this change. Signature of Registered Agent