## 4800051734

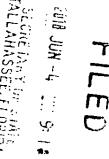
(Requ	uestor's Name)	
(Addı	ress)	
(Addi	ress)	
(City/	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	me)
(Doc	ument Number)	<del></del>
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



800314046298

06/04/18--01003--006 \*+25.00



## **COVER LETTER**

. . .

Registration Section Division of Corporations

TO:

SUBJECT: Vargas S-l-ables LL-C Name of Limited Liability Company
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:
20 Haila Vargas Name of Person
Vargas S-tables LLC Firm/Company
6127 NW 1815, Terr Circle W
Hialea H F1. 33015 City/State and Zip Code
20e-maelo C No+mail. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
20 Haila Varyas at (786) 200-9300  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  Area Code & Daytime Telephone Number  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
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.

(a) ( <u>a</u>	me of the limited liability company. Varaga.  10/27 No. 18/27 Terr arcle 10/F/33  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<u></u>	Mailing addres	ss of limited liability of Y BE POST OFFICE	ompany:
	2-27-2018  Date of filing/registration in Florida  20 Haila Vargas	4.	<i>SOOOC</i> Document	05/7 <i>34</i> number	
(11)	Registered Agent and Registered Office shown on the records of t  (1)7 NW 18157 Terr  Registered Office Address (MUST BE FLORIDA STREET A	Circle		2018 C	
.b) .	H-10.1-20 H  20 H (L) 1/9 V (IV 9 G)  I mer name of NEW Registered Agent and/or NEW Registered		<u>5</u>	JUN -4 177 9: REJANT OF STAT AHASSEE FLORI	FILED
	6/27 NW 18157 Terr	Circle	<u>2</u> W		
	HIalfaH .FI.	33 <i>0</i>	<u> 15</u>		
char nt w s/we artic	mited liability company is not organized under the law age or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited liar re authorized by an affirmative vote of the members of organization or the operating agreement of the	the registered on thility company If the limited lia limited <u>li</u> ability	office and the bu , it is hereby co bility company company.	isiness office of th infirmed that the cl or as otherwise pro	e registered nange(s) ovided in
ionali	onciela Van 15 ure of a member or authorized representative of a member	X	Printed or ty	red name of signer	

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