1180000 73079

| (Requ | estor's Name) | <u>. </u> | | |
|-----------------------------------------|---------------|----------------------------------------------|--|--|
| (Addre | ess) | | | |
| (Addre | ess) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | MAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificate | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



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01/07/19--01015--008 **28.00



R. WHITE

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--|--|--|
| SUBJE | SUBLYME GROUP LLC | SUBLYME GROUP LLC Name of Limited Liability Company | | | |
| | | | | | |
| Dear Si | ir or Madam: | | | | |
| The en | closed Registered Agent/Registered Offic | e Change and fee(s) are submitted for filing. | | | |
| Please | return all correspondence concerning this | matter to the following: | | | |
| LOBA | TO, EDER JORGE | | | | |
| | Name of Person | | | | |
| SUBL | YME GROUP LLC | | | | |
| | Firm/Company | | | | |
| 8024 | CUMBERLAND PARK DRIVE, BL | 18 APT 201 | | | |
| | Address | | | | |
| ORLA | NDO, FL 32821 | | | | |
| | City/State and Zip Code | | | | |
| E | -mail address: (to be used for future annu- | al report notification) | | | |
| For fur | ther information concerning this matter, p | lease call: | | | |
| MORE | EIRA SANTOS, RICARDO | _at () | | | |
| | 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 a | mount: | | | |
| | ☑ \$25 Filing Fee | □ \$55 Filing Fee & Certified Copy | | | |
| INHS18 | 3 (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.

| LIOIT | | | | |
|-------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| | Name of the limited liability company: SUBLYME G 8024 CUMBERLAND PARK DRIVE | 8024 C | UMBERLAND PARK DRIVE | |
| 2. (a | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (b) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | BL 18 APT 201 | BL 18 A | NPT 201 | |
| | ORLANDO, FL 32821 | ORLAN | IDO, FL 32821 | |
| | 03/21/2018 | L180000 | 73079 | |
| 3. | Date of filing/registration in Florida LOBATO, EDER JORGE | 4. | Document number | |
| 5. (| Registered Agent and Registered Office shown on the records of SUBLYME GROUP LLC | f the Florida Dept. of Sta | te: | |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 8024 CUMBERLAND PARK DRIVE, BL 18 APT 201 | | | | |
| | ORLANDO FI | 32821 | _ JAN 70 | |
| (b | MOREIRA SANTOS, RICARDO | | N. J. France | |
| (0 | Enter name of NEW Registered Agent and/or NEW Registeres | d Office address: | | |
| | 8024 CUMBERLAND PARK DRIVE, BL 18 | APT 201, | I: 30 | |
| | NEW Registered Office Address: | | | |
| | 8024 CUMBERLAND PARK DRIVE, BL 18 | APT 201 | | |
| | ORLANDO, | 32821 | _ | |
| the c agent was/t the ar | limited liability company is not organized under the la hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liwere authorized by an affirmative vote of the members of organization or the operating agreement of the way to a large of a member or authorized representative of a member | f the registered officiability company, it of the limited liability contains the limited liability contains RICARDO N | ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. MOREIRA SANTOS Printed or typed name of signee | |
| provi the o to me notifi | reby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. I red in writing of this change. | ree to act in this cap e performance of my ed for in Chapter 60 hereby confirm that | pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been | |
| Signa | ecar do Mariera Santis. | | | |

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