

L180000093081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

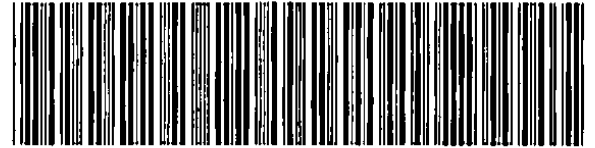
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900330390429

06/13/19--01008--003 **25.00

2019 JUN 12 12:25

RA/RD/CHS

JUN 26 2019
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2L EMPRENDIMENTOS 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:

RUBEN SOUZA

Name of Person

LAW OFFICES OF WINTER DESIGNEURS

Firm/Company

845 N. GARLAND AVE, STE 100

Address

ORLANDO, FL 32801

City/State and Zip Code

RUBENSOUZA@WINTERADVOGADOS.COM

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

For further information concerning this matter, please call:

RUBEN SOUZA

Name of Person

at (407) 326-8484

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: 2L EMPREENDIMENTOS LLC

2. (a) 3016 WHITE ORCHID RD.

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

KISSIMMEE, FL 34747

(b) 3016 WHITE ORCHID RD.

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

KISSIMMEE, FL 34747

3. 08.27.2018
Date of filing/registration in Florida

4. L18000093081
Document number

5. (a) AES ACCOUNTING & CONSULTING LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

6965 PIAZZA GRANDE AVE, STE 209
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

ORLANDO, FL 32835

2018
10
11:25

(b) LAW OFFICES OF WALTER DE SIQUEIRA
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

845 N. GARLAND AVE, STE 100
NEW Registered Office Address:

ORLANDO, FL 32801

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]
Signature of a member or authorized representative of a member

LAERCIO QUEIROZ DE ALMEIDA
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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]
Signature of Registered Agent