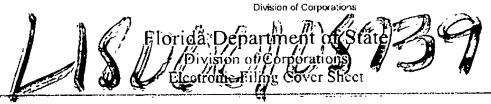
Ĭ

4/17/2019



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000127233 3)))



H190001272333ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

높 LLC REGISTERED AGENT CHANGE بې C-4 PUNTA MITA LLC

Certificate of Status	U
Certified Copy	
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

AFR

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.

	me of the limited liability company: C-4 Punta Mita			
(a)	Principal office address of limited liability company: Mailing address of limited liability company:			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		dress of limited fiability company: MAY BE POST OFFICE BOX)	
	12580 SUNNYDALE DR	12580 Sunnydale Di	r	
	WELLINGTON, FL 33414.	Wellington, FL 334	14	
	05/04/2018	L18000108739		
	Date of filing/registration in Florida	4. Docume	ent number	
. (a)				
J. (a)	Registered Agent and Registered Office shown on the records Casas, Edward		19 AF	
	Registered Office Address (MUST BH FLORIDA STREET ADDRESS)		易可	
	12580 SUNNYDALE DR		- C - C - C - C - C - C - C - C - C - C	
	Wellington	33414	至中	
	Wellington	FL	9	
٠, ,			5 2	
(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office address:	F	
		· · · · · · · · · · · · · · · · · · ·		
	C T Corporation System			
	NEW Registered Office Address:			
	1200 South Pine Island Road			
	Plantation	22374		
	Plantation	FL_33324		
fithe li	imited liability company is not organized under the inge or changes are made, the Florida street address	of the registered office and the	: business office of the regist	
gent v vas/we he arti	will be identical. Or, in the case of a Florida limited cre authorized by an affirmative vote of the member icles of organization or the operating agreement of the comment of the comment of a member or aminorized representative of a member	rs of the limited liability compa the limited liability company.	ny or as otherwise provided:	
Signal Vers/we he arti- Signal I heretorovisi he oblio meretorovisi CT Co	ere authorized by an affirmative vote of the member	rs of the limited liability company. the limited liability company. Printed Agree to act in this capacity. I	iny or as otherwise provided for typed name of signer further agree to comply with and to find I am furnifiar with and we fire it is deciment is being feed liability company has been	

FILING FEE: \$25.00

INHS18 (2/14):