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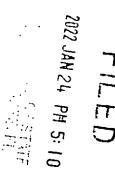
(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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C. BRUMBLEY JAN 2 7 2022

COVER LETTER

TO:	Registration Section Division of Corporations		•			
	Cespedes Real Estate Group LL	,C	•			
SUBJ	ECT:					
	Name of Limited Liability Company					
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered	l Office Change an	d fee(s) are submitted for filing.			
Please	return all correspondence concernii	ng this matter to the	e following:			
David	Cespedes					
	Name of Person					
Cespec	les Real Estate Group LLC		RECEIVE			
	Firm/Company		- 2022 JAN - ED			
717 Pc	once De Leon Blvd STE 323		PECEIVED 2022 JAN 24 PM 2: 13 SECRETARY OF STATE			
	Address		- CAHASSEE, FITE			
>						
	City/State and Zip Co					
-Coral (iables FL 33134 Dwid (a i-mail address: (to be used for future	cespede	srealty.com			
1	E-mail address: (to be used for future	annual report not	ification) J			
For fu	rther information concerning this ma	itter, please call:				
David	Cespedes	786	3264574			
		at ()			
	Name of Person		Area Code & Daytime Telephone Number			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the follow	ving amount:				
	■ \$25 Filing Fee	u :	\$55 Filing Fee & Certified Copy			
INHSI	8 (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.

1 1	Cespedes Real Esta		1.1.0
	ime of the limited liability company: 717 Ponce De Leon Blvd STE 323 Coral Gables FL 33134	7	717 Ponce De Leon Blvd STE 323 Coral Gables FL 33134
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)
	5/23/2018	. <u> </u>	.18000129596
3.	Date of filing/registration in Florida David R Cespedes	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of the 2000 Ponce De Leon Blvd STE 629	te Florida D	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET A.	DDRESS)	
(b)		33134	
	David Cespedes		22 JA
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>		ress:
	717 Ponce De Leon Blvd STE 323		₹ M
	NEW Registered Office Address:	_	FILED 2022 JAN 24 PM 5: 10
	Coral Gables 3	33134	
change agent v was/we the arti	mited liability company is not organized under the laws or changes are made, the Florida street address of the reall be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability of a member or authorized representative of a member	registered oility compositive compositive timited liah	d office and the business office of the registered inpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company AVIO Printed or typed name of signee
provisi the obl to merc notified	ny accept the appointment as registered agent and agreous of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. The first writing of this change.	e to act in verformand for in Cha reby conf	n this capacity. I further agree to comply with the price of my duties, and I am familiar with and accept hapter 605. F.S. Or, if this document is being filed afirm that the limited liability company has been