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O SIMMONS APR 0 6 2021

COVER-LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ESO CASALTING LLC Name of Limited Lia	bility Company
Dear Sir or Madam:	(
The enclosed Registered Agent/Registered Office Change and for	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	llowing:
ELENA OROVIO Name of Person	
ESO CONSULTING LLC Firm/Company	_
11455 SW 82 Ave Rd	_
City/State and Zip Code	_
E-mail address: (to be used for future annual report notific	
For further information concerning this matter, please call:	
ELENA OPOVIO at (305)	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 following amount:	
\$25 Filing Fee & Certified Copy	

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.

	ame of the limited liability company: ESO CONSU	tin6 110	albla	thebran
1. Na	ame of the fillited flatinty company.			
2. (a)	Principal office address of limited liability company:	/	SW &	
	(<u>Note: MUST BE STREET ADDRESS</u>)		MAY BE POST OF	
	Marri, A 33156	<u> </u>	11, H3	33156
	•		,	
	- Lindon			\overline{C}
	5/25/30/8	L1800	013/26	2 <u>0</u>
3.	Date of filing/registration in Florida 4.	_	ent number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida		IVC.	
	SSTS S SEMORAN E	21 /1		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS			,
			•	2
	(VIZLANDO) EL 329	377		2021 FEB
		<u> </u>		
(b)	Elena OROMO	<u> </u>		16
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office ad-</u>	aress:	•	P .:
	11455 SW BD AVE F	2d		ဟု . ယ
	NEW Registered Office Address:			
	MI ami +1 33136			!
	miami FL 33	3156		1
If the I	imited liability company is not organized under the laws of the	State of Florida, it i	s hereby confirm	ned that after the
change	or changes are made, the Florida street address of the registere will be identical. Or, in the case of a Florida limited liability co	ed office and the bus	iness office of t	the registered
was/w	ere authorized by an affirmative vote of the members of the lim cles of organization or the operating agreement of the limited li	ited liability compa-	ny or as otherwi	ise provided in
the the	30100 (DI) 88	ELENA (POVID	
U	ture of a member or authorized representative of a member		r typed name of sig	·
provisi	by accept the appointment as registered agent and agree to act ons of all statutes relative to the proper and complete performa	ince of my duties, ai	id I am familiar	with and accept
the obli to mer	igations of my position as registered agent as provided for in C elv reflect a change in the registered office address, I hereby co I in writing of this change.	napter 603, r.s. O infirm that the limite	r, y inis aocume ed liability comp	any has been pany has been
попущ	"7 (DINA)			
Signatu	re of Registered Agent			ı

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