

X 19 000 . 31 946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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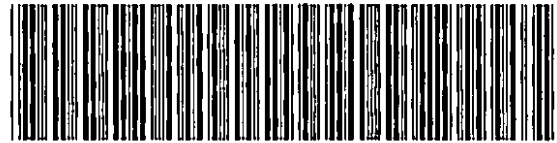
(Business Entity Name)

(Document Number)

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2019 MAY 23 10:09 AM

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JUN 08 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DIVA STYES MODA 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:

KATIA SABATIER CARLIZ

Name of Person

DIVA STYES MODA LLC

Firm/Company

10651 SW 108 TH AVE APT F1

Address

MIAMI FL 33176

City/State and Zip Code

KATIASABATIER@YAHOO.COM

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

For further information concerning this matter, please call:

KATIA SABATIER

Name of Person

786

at (

7687157

)  
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: DIVA STYLES MODA LLC.

2. (a) KATIA SABATIER (b) KATIA SABATIER  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

4040 SW 94 TH AVE

10651 SW 108 TH AVE

MIAMI FL 33165

MIAMI FL 33176

05/25/2018

L18000131946

3. Date of filing/registration in Florida

4. Document number

5. (a) FONG, JUAN C

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

8181 NW 36 TH ST SUITE 10 UNIT 1003 DORAL, FL 33166

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

\_\_\_\_\_, FL \_\_\_\_\_

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

KATIA SABARTIER

NEW Registered Office Address:

4040 SW 94 TH AVE

MIAMI, FL 33165

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.

Katia Sabatier  
Signature of a member or authorized representative of a member

KATIA SABATIER

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 the 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.*

Katia Sabatier  
Signature of Director or Agent  
Signature of registered agent