118000132774

(Requestor's Name)				
(Ad	dress)			
(Address)				
(Cit	y/State/Zip/Phone	= #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies	Certificates	s of Status		
<u>.</u> .				
Special Instructions to	Filing Officer:			

Office Use Only



000377018280

11/29/21--01023--001 **25.00

2021 NOV 29 AM 6: 27 SECRETARY OF STATE

DEC 14 2021

COVER LETTER

Registration Section

TO:

INHS18 (2/14)

Division of Corporations				
VAZQUEZ & POUDAT, PLI SUBJECT:	iability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registere	ed Office Change and	fee(s) are submitted for filing.		
Please return all correspondence concern	ing this matter to the f	following:		
MAUD POUDAT				
Name of Person	<u> </u>			
VAZQUEZ & POUDAT, PLLC				
Firm/Company		_		
401 W. COLONIAL DR. #7				
Address		_		
ORLANDO, FLORIDA 32804				
City/State and Zip C	Code	_		
maud@vpimmigration.com				
E-mail address: (to be used for futu	ire annual report notifi	cation)		
For further information concerning this r	natter, please call:			
Mand Poudat	407 at (674-6968)		
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 follo	owing amount:			
™ \$25 Filing Fee	□ \$5	\$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.

I. Na	ume of the limited liability company: VAZQUEZ & PC	DUDAT	r, Pf.	1.C	
2. (a)	401 W. COLONIAL DR. #7		(b)	P.O. BOX	3469
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(**)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	ORLANDO, FL 32804			ORLAND -	O, FL 32802
	05/29/2018		1.	18000132	774
3. 5. (a)	Date of filing/registration in Florida MAUD POUDAT	4.			Document number
	Registered Agent and Registered Office shown on the records of VAZQUEZ & POUDAT, PLLC	the Flor	rida I	Pept, of Stat	SEC SEC
	Registered Office Address (MUST BE FLORIDA STREET) 1303 N. ORANGE AVENUE	TOU NOV 29 AM 6: 27 SECRETARY OF STATE SETABLE LANSSEE THE			
	ORLANDO, FI	32804	ļ.		SSO E
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> NEW Registered Office Address:	l Office	addı	ess:	-
	401 W. COLONIAL DR. SUITE 7			. .	_
	ORLANDO	,	l .		_
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members coles of organization or the operating agreement of the	regist ability of the I limite	ered con limit d lia	off ice an pany, it is ed fiabilit	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.
Signa	ture of a member of authorized representative of a member				Printed or typed name of signee
provisi the obl to mere	hy accept the appointment as registered agent and agi ions of all statues relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to a perfor d for it hereby	act ii man n Ch ' con	n this cap ace of my a capter 603 firm that	acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been
Signatu	re of Registered Assent				
	Division of Corporations• P.O. FILING I				ssee, FL 32314