Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREEN BOX TAX SERVICES INC

Account Number : I20190000123

Phone : (305)928-1137

Fax Number : (786)349-4952

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

LLC REGISTERED AGENT CHANGE FERRE SAN MIGUEL ARCANGEL USA,LLC

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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.

(a)	5275 NW 112TH AVE	(b)	ì			
. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Suite 6			•	imited liability company: POST OFPICE BOX)	,
	DORAL, FL 33178					
	06/04/2018		L180001384	434		
. (a)	Date of filing/registration in Florida TAXES USA LLC	4.		Document num	ber	
(<i>a)</i>	Registered Agent and Registered Office shown on the records of \$892 STIRLING RD #4	of the Florida	Dept. of State	- 3:		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	!	•	2022 SEC TA	
	Hollywood , I	FL_33021		-	1022 OCT 21 TALLAHA!	-
(b)	Atesiano Tax Services			-	SSE SSE	i r
	Enter name of NEW Registered Agent and/or NEW Register 15715 S Dixie Hwy Ste 211	ed Office add	iress:		M 2: 33	C
	NEW Registered Office Address:	•	.,	-	-	
	Miami, 1	33157		-		
hange gent v	imited liability company is not organized under the lor changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cless of organization of the operating agreement of the	he registere liability cor s of the limi	d office and mpany, it is ited liability	d the business of hereby confirm y company or as	ffice of the registered red that the change(s	d)
	Mysotopispico pier	Alys	on Marquez			
herei rovisi ie obl	nde of smember of authorized representative of a member by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet igations of my position as registered agent as provided by reflect a change in the registered office address,	te performa ded for in C	nce of my a hapter 605,	tuties, and I am , F.S. Or, if this	igree to comply with familiar with and ac document is being f	iled