118000 140544

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

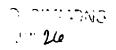
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19 JAN 22 PN 12-29
SECRETARY OF STATE
AND ANASSEE, FLORIDA



COVER LETTER

TO:	Registration Section Division of Corporations		• •					
SUBJE	FONTELIXELAS LLC	FONTELIXELAS LLC						
	_ _	Name of Limited Liability Company						
Dear Si	r or Madam:							
The end	closed Registered Agent/Registered Offic	e Change and fe	ce(s) are submitted for filing.					
Please	return all correspondence concerning this	matter to the fo	ollowing:					
OSCA	AR W GIL							
	Name of Person		_					
_	Firm/Company	···	_					
6960	RUE VENDOME # 503							
	Address		-					
MIAM	I BEACH FL 33141							
•	City/State and Zip Code		_					
OSCA	RWGIL@HOTMAIL.COM							
Ë	-mail address: (to be used for future annu-	al report notific	ation)					
For furt	ther information concerning this matter, p	lease call:						
OSCA	R W GIL	786	556-5633					
	Name of Person	,	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 a	losed is a check for the following amount:						
	■ \$25 Filing Fee	□ \$55	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.

1.	Na	me of the limited liability company: FONTELIXELA	S LL	C			
2. (
·	` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	` `	-	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)		
		CALLE BETANZOS NUMERO 1 3 DERECHA	<u> </u>	6960 RL	JE VENDOME # 503		
		CORUNA CORUNA CP 15.004 ES		MIAMI BEACH FL 33141			
		06/06/2018 L18000140544					
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	OSCAR W GIL					
- · ()	Registered Agent and Registered Office shown on the records of the OSCAR W GIL			- c:			
		Registered Office Address (MUST BE FLORIDA STREET AD 6900 RUE VENDOME # 503	DRES.	<u>S)</u>	<u>.</u>		
(h)		MIAMI BEACH	3141		15.ECG		
	(1 \						
	(נט)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			M 22 PM TO 25 JAN 22 PM TO 25 LAHASSEE, FLORIDA LAHASSEE, FLORIDA		
		NEW Registered Office Address:	_		75 25		
		6960 RUE VENDOME # 503			_		
		MIAMI BEACH .FL 3:	3141				
the age was	cha nt w :/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the liability.	ne regi ility c the lin mited	istered office ompany, it i nited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.		
Si	gnat	ure of a member or authorized representative of a member			Printed or typed name of signee		
pro the to n	visio obli igre	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided f by reflect a change in the registered office address. I her I in writing of this change.	r to ac erforn for in reby c	t in this cap nance of my Chapter 603 onfirm that	acity. I further agree to comply with the duties, and I am Jamiliar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been		
Sign	natur	re of Registered Agent					