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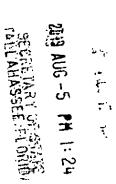
(Requestor's Name)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

CO	VER LETTER				
TO: Registration Section Division of Corporations	nited Liability Company				
SUBJECT: ALD SHAPE LLC					
	nited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Char	ige and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	to the following:				
	Ç				
DIEGO A DOMINGUEZ TOBON					
Name of Person					
ALD SHAPE LLC					
Firm/Company					
10025 NW 86 TH TER.					
Address					
DORAL, FL 33178					
City/State and Zip Code	·· ·				
infodicarsa@gmail.com					
E-mail address: (to be used for future annual repo	rt notification)				
For further information concerning this matter, please of	eall:				
DIEGO A DOMINGUEZ TOBON 5	7 、3174420084				
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 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	ame of the limited liability company: ALD SHAPE LI	LC	
2. (a)	10025 NW 86 TH TER. DORAL, FL 33178	_ (b	10025 NW 86 TH TER. DORAL, FL 33178
z. (a)	Principal office address of limited limbility company: (Note: MUST BE STREET ADDRESS)	- (0	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	07/16/2018 Date of filing/registration in Florida	- 4.	L18000170109 Document number
5. (a)	UNITED STATES CORPORATION AGENTS,	INC.	
J. (4)	Registered Agent and Registered Office shown on the records of the 13302 WINDING OAK COURT TAMPA, FL 3 Registered Office Address (MUST BE FLORIDA STREET ALL 13302 WINDING OAK COURT	3612	
	TAMPA ,FL3	3612	P.5.5
' (b)	DIEGO A DOMINGUEZ TOBON Enter name of <u>NEW Registerred Agent</u> and/or <u>NEW Registerred Q</u> 10025 NW 86 TH TER. DORAL, FL 33178	ffice ads	Institute of the second of the
	NEW Registered Office Address:		
	10025 NW 86 TH TER.		
	DORAL3	3178	
Signa I here provisi the oblito meru notified	imited liability company is not organized under the lawsing 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 cless of organization or the operating agreement of the limited of a member of a member and complete proper the appointment as registered agent and agree ons of all statutes relative to the proper and complete points of my position as registered agent as provided by reflect a change in the registered office address, I held in writing of this change.	he regis vility co the lim mited li DIE	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in ability company. GO A DOMINGUEZ TOBON Printed or typed name of signee In this canacing. I further garee to comply with the