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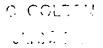
(Requestor's Name)							
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COVER LETTER

TO:	Registration Section Division of Corporations								
SUBJI	ADRIANA B. OSORIO LLC								
Name of Limited Liability Company									
Dear S	ir or Madam:								
The en	closed Registered Agent/Registered O	ffice Change ar	nd fee(s) are submitted for filing.						
Please	return all correspondence concerning t	this matter to the	e following:						
VICTO	R L. ZAMORA JR.								
	Name of Person								
VIZA L	AWLLC								
	Firm/Company								
1924 V	V. MARTIN LUTHER KING JR. BLVD.								
	Address								
TAMP	A, FLORIDA 33607								
	City/State and Zip Code								
vzamo	ra@vizalaw.com								
E	-mail address: (to be used for future ar	inual report not	ification)						
For fur	ther information concerning this matte	r. please call:							
ADRIA	NA B. OSORIO	203 at (912-2482						
	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 followin	g amount:							
	■ \$25 Filing Fee		☐ \$55 Filing Fee & Certified Copy						

TO:

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:ADRIANA B. Of	SORIO	LL	.C			
2. (a)	5125 PALM SPRINGS BLVD		(b	5125 PAI	LM SPRINGS BLVD.		
`	. /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		("		Mailing address of limited liability	• •	
		UNIT 1106			UNIT 110	(<u>Note: MAY BE POST OFFIC</u>) 06	<u> </u>	
		TAMPA, FLORIDA 33647			TAMPA, F	FLORIDA 33647		
		7/23/2018		ļ	_18000176	6534		
3.		Date of filing/registration in Florida	4.	-		Document number		
5 . +	(a)	CESAR GOMEZ & ASSOCIATES LLC						
J. (u)	Registered Agent and Registered Office shown on the records of 1201 SIXTH AVENUE WEST	the Flor	ida	Dept. of Stat				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 100			2019 n =2				
		BRADENTON . FI	34205	5			,	
(b)	b)	VIZA LAW ŁLC				면 : 2:		
,	.,	Enter name of NEW Registered Agent and/or NEW Registered Office address:				2։		
		1924 W. MARTIN LUTHER KING JR. BLVD.						
		NEW Registered Office Address:				-		
		TAMPA , FI	33607	7	_	_		
char ager was	ige it w /we	mited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of the organization or the operating agreement of the	registe ability of the li limited	erec cor imi Hi	d office and upany, it is ted liability	d the business office of the rest hereby confirmed that the c y company or as otherwise propany.	gistered nange(s)	
Sig	gnat	ure of a member or authorized representative of a member	_			Printed or typed name of signee		
prov the c to m noti,	isio obli ere Hea	ov accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change.	ee to a perfori I for in tereby	ict i mai i Ci coi	in this cape nce of my c hapter 605 thirm that i	acity. I further agree to comp duties, and I am familiar with i. F.S. Or, if this document is the limited liability company	oly with the and accept being filed has been	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00