## 118000 198763

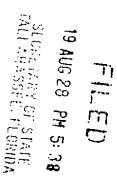
(Requ	estor's Name)	·			
(Addre	ess)				
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(City/S	State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
Special Instructions to Fili	ng Officer:				

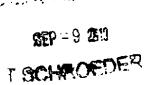
Office Use Only



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## COVER LETTER

	stration Section sion of Corporations		•	
SUBJECT:	Unidos Global LLC			
	Nam	e of Limited Lia	ability Company	
Dear Sir or M	dadam:			
The enclosed	Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.	
Please return	all correspondence concerning thi	s matter to the f	iollowing:	
Joel Gonza	alez			
	Name of Person		_	
Unidos Glo	bbal LLC			
-	Firm/Company		_	
20335 W C	Country Club Dr Apt 1410			
	Address		_	
Aventura F	L 33180			
	City/State and Zip Code		_	
joel@unido	osglobal.com			
E-mail a	address: (to be used for future annu	al report notific	ration)	
For further in	formation concerning this matter.	please call:		
Joel Gonza	alez	305	330-0138	
	Name of Person	(	Area Code & Daytime Telephone Number	
Regis Divis Cliffo 2661	EET/COURIER ADDRESS: stration Section ion of Corporations on Building Executive Center Circle hassee, Florida 32301	Reg Divi P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclo	osed is a check for the following:	imount;		
<b>□</b> \$2	5 Filing Fee	<b>2</b> 0 \$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. N	ame of the limited liability company: Unidos Global	LLC		
2. (a)	20335 W Country Club Dr	(h)		
1,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		dailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Apt 1410			
	Aventura FL 33180	_		
	08/21/2019	l	_1800019	98763
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	UNITED STATES CORPORATION AGENTS	, INC.		
(u)	Registered Agent and Registered Office shown on the records of the 5575 S. SEMORAN BLVD	ne Florida I	Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET AD SUITE 36	DDRESS)		
	Orlando , FI,	32822		CRC TI
(b)	Joel Gonzalez			SS2
(17)	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	ress:	
	20335 W Country Club Dr			FILED AUG 28 PM 5: 38 URCIANY DE STATE AHASSEE FLORIDA
	NEW Registered Office Address:		_	. **
	Apt 1410			
	Aventura , FL 3	33180		
the cha agent v was/wa	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 fiabere authorized by an affirmative vote of the members of icles of organization of the operating agreement of the limited field.	he regist pility con the limit imited lia	ered office apany, it is ed liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Signa	ture of a member of authorized representative of a member	3061		Printed or typed name of signee
I here, provisi the obl to mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a charge in the registered office address. I he is in writing of this change.	e to act i erforma for in Cl rrehy cor	n this care	wite I firstly array to comply with the
Signatu	ry of Registy Cd Astar			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00