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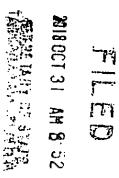
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	Motor Fence Solutions					
	Nar	ne of Limited Lia	bility Company			
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	fice Change and f	ee(s) are submitted for filing.			
Please	return all correspondence concerning the	nis matter to the fo	ollowing:			
Asiar	ys Garcia					
	Name of Person		_			
Moto	r Fence solutions					
	Firm/Company	•	_			
4555	NW 4 TERRACE					
	Address		_			
MIAM	11 FL 33126					
	City/State and Zip Code		_			
moto	rfencesolutions@gmail.com					
E	-mail address: (to be used for future and	nual report notific	ration)			
For fu	rther information concerning this matter	, please call:				
Asian	ys Garcia	305	609-4216			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS:	MA	ILING ADDRESS:			
	Registration Section	_	istration Section			
	Division of Corporations		sion of Corporations			
	Clifton Building		Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32301	Talla	ahassee, Florida 32314			
	Enclosed is a check for the following	g 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.

l. N	ame of the limited liability company:	Solutions	
2. (a)	4555 Nw 4 Terrace Miami Fl 33126	(b) 4	555 Nw 4 Terrace Miami FI 33126
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10/16/2018	 L18	8000248765
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Yosbiel Colina		
	Registered Agent and Registered Office shown on the records o	f the Florida Dep	ot, of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	4555 Nw 4 Terrace		
	Miami , F	33126	3010 0CT
(b)	Asiarys Garcia		CT 31
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office addres	
			 52
	NEW Registered Office Address:		ing N
	4555 Nw 4 Terrace		_ .
	Miami , F	L ³³¹²⁶	
he ch igent was/w	himited liability company is not organized under the la ange of changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	of the registere iability comp of the limited e limited liabi	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
Signa	nture of a pember or authorized representative of a member		Printed or typed name of signee
provis he ob o mer notifie	eby accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provid- rely reflect a shange in the registered office address, lead in writing of this change.	e performanc	e of my duties, and I am familiar with and accep