118000263039

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

Registration Section
Division of Corporations

TO:

SUBJECT: Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Regist	ered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all cor	respondence concerning this matter	to the following:
Vincenza	Name of Person	
Presting.	e World WIDE I	nvestments LLC
(05315	S. L. SARAH V Address	VAV
PORT ST	Lucie 71. 34 City/State and Zip Code	<u>987</u>
Clarren - A E-mail address	(to be used for future annual repo	Co↑\ rt notification)
For further informat	ion concerning this matter, please c	all:
Darns Nan	at (772) 708 - 414 T Area Code & Daytime Telephone Number
Mailing Ac Registration Division of P.O. Box 6 Tallahassec	n Section Corporations 327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

☐ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

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.

D-	
1. Name of the limited liability company: Prestige	MOLIAMINE THISIMEN, 2 TTO
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1118 25 th Street Unit #4	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 1118 25 Land Street Unit 4
West Yalm Beach Fl. 334	of West Palm Beach, FL 33407
3. Date of filing/registration in Florida 4. 5. (a) Registered Agent and Registered Office shown on the records of the Flo	L18000263039 Document number
Registered Office Address (MUST BE FLORIDA STREET ADDRESS 1118 25 Th Street Unit #4	202 APR - 4982
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office</u>	address:
NEW Registered Office Address: 10531 S.W. SARAH WAY RORT ST LUE/O If the limited liability company is not organized under the laws of the change or changes are made, the Florida street address of the registragent will be identical. Or, in the case of a Florida limited liability was/were authorized by an affirmative vote of the members of the limited articles of organization or the operating agreement of the limited.	he State of Florida, it is hereby confirmed that after the ered office and the business office of the registered company, it is hereby confirmed that the change(s) imited liability company or as otherwise provided in d liability company.
Signature of a member or authorized representative of a member	Vincen zo MAZZe II
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete perfor the obligations of my position as registered agent as provided for it to merely reflect a change in the registered office address, I hereby notified in writing of this change. Signature of Registered Agent	act in this canacity. I further agree to comply with the

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