

L18000 289 513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

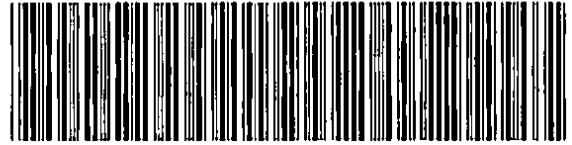
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900331911739

07/23/19--01007--030 \*\*25.00

FILED  
2019 JUL 29 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FL

AUG - 1 2019  
C Kinsey

**COVER LETTER**

Registration Section  
Division of Corporations

Ogairti LLC

Re:

\_\_\_\_\_  
Name of Limited Liability Company

For Madam:

Enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Miguel Itriago

\_\_\_\_\_  
Name of Person

Ogairti LLC

\_\_\_\_\_  
Firm/Company

5300 NW 85th AVE APT 301

\_\_\_\_\_  
Address

Doral FL 33166

\_\_\_\_\_  
City/State and Zip Code

itriago@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miguel Itriago

at ( 786 )

5694132

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone

**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

**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. Name of the limited liability company: Ogairti LLC

2. (a) 5300 NW 85th AVE  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
APT 301  
Doral FL 33166

(b) 5300 NW 85th AVE  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
APT 301  
Doral FL 33166

3. 12/18/2018 Date of filing/registration in Florida

4. L18000289513 Document number

5. (a) ITRIAGO, MIGUEL  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3555 NW 83RD AVE  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
APT 603  
DORAL, FL 33122

**FILED**  
 2019 JUL 29 AM 11:55  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

(b) ITRIAGO, MIGUEL  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
5300 NW 85th AVE  
**NEW Registered Office Address**:  
APT 301  
Doral, FL 33166

limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) is/are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

*[Signature]* by a member or authorized representative of a member  
Miguel Itriago Printed or typed name of signee

*I accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the responsibilities of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to effect a change in the registered office address, I hereby confirm that the limited liability company has been notified of this change.*

*[Signature]*  
Registered Agent