

500292989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

☐

WAIT

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MAIL

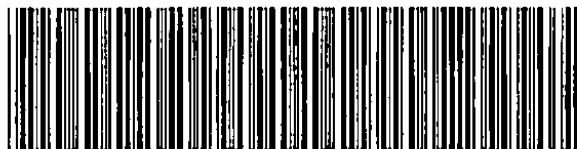
(Business Entity Name)

(Document Number)

Copies _____ Certificates of Status _____

Instructions to Filing Officer:

Office Use Only



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12/25/19--01013--009 **25.00

JAN 27 2020

S. YOUNG

FILED
19 DEC 26 AM 7:17
COURT CLERK

COVER LETTER

Registration Section
Division of Corporations

SUPPLEMENT CITY LLC

Name of Limited Liability Company

Madam:

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

For all correspondence concerning this matter to the following:

DOBSON

Name of Person

OM LLC

Firm/Company

TE HWY 249 STE 220

Address

TX 77064

City/State and Zip Code

@INCFILE.COM

Mail address: (to be used for future annual report notification)

For information concerning this matter, please call:

DOBSON at (855) 829-9090
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 following amount:

\$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY

to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company
following statement in order to change its registered office or registered agent, or both, in the State of Florida.

of the limited liability company: SUPPLEMENT CITY LLC

Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
<u>410 SW 82ND LN.811</u>	<u>15410 SW 82ND LN.811</u>
<u>AMI, FL 33193</u>	<u>MIAMI, FL 33193</u>
<u>2953024</u>	<u>L18000292989</u>
Date of filing/registration in Florida 4.	Document number

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

UNITED STATES CORPORATION AGENTS, INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

75 S. SEMORAN BLVD SUITE 36

ORLANDO, FL 32822

or name of **NEW Registered Agent** and/or **NEW Registered Office address:**

GALINC CORPORATE SERVICES INC.

W Registered Office Address:

37 SUMMERLIN COMMONS SUITE 400

PORT MYERS, FL 33907

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

Christian Cabrera
of a member or authorized representative of a member

CHRISTIAN CABRERA

Printed or typed name of signer

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

Patty Scimmenti Patty Scimmenti
Registered Agent

FILED
19 DEC 26 AM 7:16
TALLAHASSEE, FLORIDA