

(Requestor's Name)									
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PICK-UP	☐ WAIT	MAIL							
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(Business Entity Name)									
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Certified Copies Certificates of Status									
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Office Use Only





COVER LETTER

TO:	Registration Section Division of Corporations	•	•
SUBJ	CAMACHO XPRESS, LLC		
		Name of Limited	Liability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered	Office Change a	nd fee(s) are submitted for filing.
Please	return all correspondence concerning	g this matter to tl	he following:
CHRIS	STIAN L EIROA		
	Name of Person		.
CAMA	ACHO XPRESS, LLC		
	Firm/Company		
4650 N	W 74TH AVE		
	Address		<u> </u>
MIAM	1, FL 33166		
	City/State and Zip Co	de	
CHRIS	TIAN@CLECIGARS.COM		
	E-mail address: (to be used for future	annual report no	tification)
For fu	rther information concerning this ma	itter, please call:	
CHRIS	TIAN L EIROA	305 at (5140244
	Name of Person	41 \	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 follow	ving amount:	
	□ \$25 Filing Fee		\$55 Filing Fee & Certified Copy
INH\$1	8 (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.

. (a)	CHRISTIAN L EIROA		(b	CHRIST	IAN L EIROA		
(<i>)</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(2		Mailing address of I		• •
	4650 NW 74TH AVE			4650 NW	74TH AVE	103101	FICE BOX)
	MIAMI, FL 33166	_		MIAMI, I	<u></u> <u>.</u>		
	DECEMBER 27, 2018	_	1	.19000001	300		
	Date of filing/registration in Florida	- 4.	_		Document num	<u></u>	
. (a)	UNITED STATES CORPORATION AGENTS, INC.	4.			Document num	рег	
. (a)	Registered Agent and Registered Office shown on the records of	the Flo	orida	Dept. of Sta	ate:		
						~	
	Registered Office Address (MUST BE FLORIDA STREET)	4DDR	ESS,	!	_	2023 MAY	(1)
	476 RIVERSIDE AVE.					ΉAΥ	겨골
	JACKSONVILLE	3220	2		- -	22	ARY CRY
					_	PH	0.2.5 0.2.5
(b)					_	ά	77.50 71.80
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	e ado	<u>lress</u> :		50	116×311
	CHRISTIAN L EIROA						. e ;
	NEW Registered Office Address:				_		
	4650 NW 74TH AVE		_		_		
	MIAMI . FI	3316	6				
					_		
hange gent w /as/we ne arti	mited liability company is not organized under the lay or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	regis bility of the limite	tered cor limited li	d office ar npany, it i ted liabili	nd the business of is hereby confirm ty company or as mpany.	ffice of the	ne registered he change(s)
Signat	ure of a member or authorized representative of a member	_			Printed or typed n	ame of sign	iee
horal	by accept the appointment as registered agent and aground on some of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change.	20.10	act i rma n C. v coi	in this cap nce of my hapter 60, nfirm that	pacity. I further a duties, and I am 5, F.S. Or, if this the limited liabil	igree to c familiar docume lity comp	comply with the with and accept nt is being filed any has been