## LIA 00000 4530

(Re	questor's Name)		
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PICK-UP	WAIT	MAIL	
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Certified Copies Certificates of Status			
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AUG 2 9 2019 S. YOUNG

## COVER LETTER

TO: Registration Section Division of Corporations			
Las Taxas	5 446		
SUBJECT			
Name of Limited Liability Company			
Dear Sir or Madam:	İ		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
JUAN CATIOS MEZA Name of Person	Lepedon		
LOS TODOS LLC			
Los topos LLC Firm/Company			
712 McKenzie St			
Address	' 		
Lees burg F1 34748 City/State and Zip Code			
City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Juan Carlos Mezazereda 107, 412-1430			
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following amount:			
\$2.\$25 Filing Fee	S55 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.

r torida.	
1. Name of the limited liability company: LOS TOPOS (	144
2. (a) 7/2 Mc Kenzie St, Leesburge (b) 7/2 M	Chenzie St
Principal office address of limited liability company: Mailing ac	ddress of limited liability company:  MAY BE POST OFFICE BOX)
	20174
F1 34748 Cecs bu	13. P4. 3.17.1
1-02-2019	000009530
3. Date of filing/registration in Florida 4. Docum	ent number
5. (a) Carlos Zepeda	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
112 MCKENZIE ST	1
Leesburg FL 34749	ı
(b) Juan Carlos Meza Zepeda	
Enter name of NEW Registered Agent and/or NEW Registered Office address:	
712 MCKEAZIE St	
NEW Registered Office Address:	
<del></del> , *	
	1
Leesburge 1 FL 34748	ļ
If the limited liability company is not organized under the laws of the State of Florida, it	is hereby confirmed that after
the change or changes are made, the Florida street address of the registered office and the agent will be identical. Or, in the case of a Florida limited liability company, it is hereby	business office of the registered
was/were authorized by an affirmative vote of the members of the limited liability compa	any or as otherwise provided in
the articles of organization or the operating agreement of the limited liability company.	
Signature of a member or authorized representative of a member Printed of	or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity. T	further garee to comply with the
provisions of all statutes relative to the proper and complete performance of my duties, a the obligations of my position as registered agent as provided for in Chapter 605, F.S. C to merely reflect a change in the registered office address, I hereby confirm that the limit notified in writing of this change.	ind Lam familiar with and accept Or, if this document is being filed ted liability company has been
am C/	
Signature of Registered Agent	

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