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(Requestor's Name) (Address) (Address)	600333520596
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## COVER LETTER

TO: Registration Section Division of Corporations

## MAIA BUSINESS LLC SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

FLAVIA L MAIA

Name of Person

MAIA BUSINESS LLC

Firm/Company

10065 COSTA DEL SOL BLVD

Address

MIAMI, FL 33178

City/State and Zip Code

maiafla@hotmail.com

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

For further information concerning this matter, please call:

Flavia Maia

**786 3539** 

Name of Person

786

at (

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

## MAILING ADDRESS:

Area Code & Daytime Telephone Number

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 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.

1. Name of the limited liability company: MAIA BUSIN	ESS LLC			
2. (a) 10065 COSTA DEL SOLL BLVD	(b) 100	(b) 10065 COSTA DEL SOL BLVD		
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited trability company (Note: MAY BE POST OFFICE BOX)			
MIAMI, FL 33178	MIA	AMI, FL 33178		
		·····.		
	L190	00017265		
3. Date of filing/registration in Florida	- 4,	Document nun	nber	
5. (a) CARLOS A MALA				
Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-1 - 1	
			2019 AL	
MIAMI	33178		SECRET	
(b) FLAVIA MALA			30	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address			
10065 COSTA OEL S <u>NEW</u> Registered Office Address	or Br	<u>N</u> <u>O</u>		
MIAMI, FL	33178			
If the limited liability company is not organized under the law the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited lia was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the	the registered ability compan of the limited li limited liabilit	office and the busine iy, it is hereby confirm ability company or a ty company.	ess office of the registered med that the change(s)	
FLAVIA MARA SE Signature of a member or authorized representative of a member	FLAVIA	L MAIA Printed or typed i	แมน เปิรเอกณ	
Thereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provide to merely reflect a change in the registered office address. To notified in writing of this change,	ee to act in thi performance a l for in Chapte lereby confirm	is conocity. I fuerbac	anna to complexitly do	

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25,00

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