L19000032923

(Requestor's Name)						
(Address)						
, ,						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
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(Document Number)						
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COVER LETTER

TO: Registration Section

Divisio	on of Corporations					
SUBJECT: _	CCT: Mojica's Auto Detailing LLC Name of Limited Liability Company					
SODJECT: _						
Dear Sir or Ma	dam:					
The enclosed F	Registered Agent/Registered Of	fice Change and	I fee(s) are submitted for filing.			
Please return a	II correspondence concerning th	is matter to the	following:			
	Genaro Mojica					
	Name of Person					
	Firm/Company		<u> </u>			
	. am company					
56 So	onrise Place B2 Apt #107					
	Address					
	Fellsmere, Fl 32948					
	City/State and Zip Code		_			
<u>Moyica</u> E-mail ad	Sautocetailing Ogn dress: (to be used for future and	nual report notif	ication)			
For further info	ormation concerning this matter	, please call:				
Genaro N	Aojica	at (772	388-7398			
	Name of Person	, <u> </u>	Area Code & Daytime Telephone Number			
	ET/COURIER ADDRESS:	M	AILING ADDRESS:			
	ation Section		gistration Section			
	on of Corporations		vision of Corporations			
	Building xecutive Center Circle		D. Box 6327			
	assee, Florida 32301	Ta	llahassee, Florida 32314			
Enclos	ed is a check for the following	; amount:				
□ \$25	Filing Fee	I \$:	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.

l.	Na	ime of the limited liability company: Mojica's Auto	Detailing	g LLC	
2.	(a)	56 Sonrise Pl B2 Apt #107) <u>56 Sonrise PLB2 Apt #107</u>	
	(")	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability comp (Note: MAY BE POST OFFICE BO	
		Fellsmere, Fl 32948	_	Fellsmere , Ft 32948	
		02/01/2019		1.19000032923	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	Genaro Mojica			
	()	Registered Agent and Registered Office shown on the records of the	ne Florida D	Dept. of State:	
		56 Sonrise PLB2 Apt #107		•	
		Registered Office Address (MUST BE FLORIDA STREET A.	DDRESS)		
				•	
				20197	
		Fellsmere FL_	32948	3	
			_	-9	
	(b)				
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office addre	lress:	j
				0:-	<i>.</i> /
		8326 97th Ct		02	
		NEW Registered Office Address:			
		Warm by 1			
		Vero beach , FL	32967		
age wa the S	ent w s/we artic ignation iereli visio obli- nere	mited liability company is not organized under the lawinge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liable reauthorized by an affirmative vote of the members of cless of organization or the operating agreement of the liable of a member or authorized representative of a member on a complete property of all statutes relative to the proper and complete property of all statutes relative to the proper and complete property of all statutes relative to the proper and complete property of the property of the provided described agent as provided by telect a change in the registered office address. The form writing of this change.	he registe bility com the limited lia	tered office and the business office of the rempany, it is hereby confirmed that the chanted liability company or as otherwise providability company. Denar O Moyca Printed or typed name of signee	egistered ge(s) ded in
· ·	Fe	we Mym			
១នេ	matur	e of Registered Agent			