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COVER LETTER

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TO: Registration Section Division of Corporations	, m								
Division of corporation.	•								
SUBJECT: Pro SEWELRY LLC Name of Limited Liability Company									
Name of Emilia	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:								
	2119								
JULIANA VALDEZRAMA OURAD	219 199 19								
name of reison									
PN YELVELBY ILL									
PJ JEWELRY LLC Firm/Company									
	; -								
1825 NW 107TH AVENUE UNTITION Address	<u> </u>								
Address									
MIAMI, FL 33178; City/State and Zip Code									
City/state and Zip Code									
E-mail address: (to be used for future annual report	$\frac{5.00}{\text{notification}}$								
E-mail address: (to be used for future affilial report	nottication)								
For further information concerning this matter, please cal	1:								
Name of Person	Area Code & Daytime Telephone Number								
Name of Person	Area Code & Daytine Telephone (viinoe)								
STREET/COURIER ADDRESS:	MAILING ADDRESS: Registration Section								
Registration Section Division of Corporations	vision of Corporations								
Clifton Building	P.O. Box 6327								
2661 Executive Center Circle Tallahassee, Florida 32301	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.

rioria	a.					
1. N	ame of the limited liability company: <u> </u>	LRY	LLC.	_ -		
2. (a)	7825 NW 107 AVE UNIT 710 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailin	ASTASLAND g address of limited tw: MAY BE POST	liability co	mpany:
	MIAMI, FL 33178	-	CORAL GI	ABLES, FL	3313	, 4
	02/12/2019	-	L1900	0042424		
3.	Date of filing/registration in Florida	4.	Doc	ument number		
5. (a)	Registered Agent and Registered Office shown on the records of the	Florida E	Dept. of State:	;;-	61.3	7
	Registered Office Address (MUST BE FLORIDA STREET ADD			· ·		
	MIAMI, FL 33178				ンギ	7
(b)	UULIANA VALDERRAMA JURA Enter name of NEW Registered Agent and/or NEW Registered Of 7825 NW 107 AVENUE UN	ffice adda		•	w	
	NEW Registered Office Address:					
	MIAM \	<u>33'</u>	178			
the chagent was/v	limited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the limited liabilities.	ne regist ility cor the limit mited lia	ered office and npany, it is her ted liability cor ability company	I the business off eby confirmed th mpany or as othe y.	ice of the at the charmise pro	e registered lange(s)
Sign	ature of a member or authorized representative of a member		04(09)	ted or typed name o	f signee	
provis the ob- to me- notific	eby accept the appointment as registered agent and agree sions of all statutes relative to the proper and complete pe digations of my position as registered agent as provided for the rely reflect a change in the registered office address, I her and in writing of this change.	e to act i erforma for in Ci reby coi	in this capacity nce of my dutie hapter 605, F.S nfirm that the l	. I further agree es, and I am fami s. Or, if this doc imited liability co	e to comp liar with ument is ompany	ly with the and accept being filed has been
Signat	urc of Regisfered Agent					