

L19000063650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

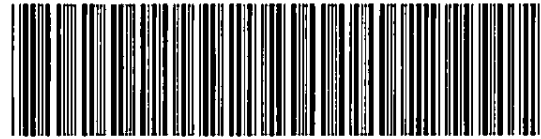
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600427015696

04/04/24--01021--010 \*\*35.00

FILED  
2024 APR -4 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FL

DEC 09 2024

D CUSHING

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Attento Heirloom Carpets LLC  
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:

Angela Attento  
Name of Person

Attento Heirloom Carpets LLC  
Firm/Company

555 NE 87<sup>th</sup> St  
Address

Miami, FL 33138  
City/State and Zip Code

office @ attentorugs.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Attento at (305) 280-0650  
Name of Person 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 following amount:

☐ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

FILED  
2024 APR -4 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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: Attento Heirloom Carpets LLC

2. (a) 555 NE 87<sup>th</sup> St (b) \_\_\_\_\_

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Miami, FL 33138

3. 03/05/2019  
Date of filing/registration in Florida

4. L19000063650  
Document number

5. (a) Jonathan N David Esq  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

6001 SW 70<sup>th</sup> St  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 101  
South Miami, FL 33143

(b) Angela Attento  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

555 NE 87<sup>th</sup> St  
NEW Registered Office Address:

Miami FL 33138  
\_\_\_\_\_, FL \_\_\_\_\_

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 business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Angela Attento  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

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

**FILED**  
2024 APR -4 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FL