## L190000 68354

(Re	equestor's Name)	<del></del>					
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## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SHR	C J MONEY VIRTUAL SOLUTIO	NS LLC.			
SOB.		me of Limited	1 Liability Company		
Dear	Sir or Madam:				
The c	enclosed Registered Agent/Registered Of	fice Change a	and fee(s) are submitted for filing.		
Pleas	e return all correspondence concerning th	his matter to t	he following:		
COLI	LETTE THOMAS-TORO				
	Name of Person				
СЈМ	IONEY VIRTUAL SOLUTIONS LLC.				
	Firm/Company				
285 E	LM COURT				
	Address	<del></del>	- <del></del>		
KISS	IMMEE FLORIDA 34759				
	City/State and Zip Code		<del>,,,, ,, ,, ,</del>	22	
collet	tettoro@gmail.com			20 NPP.	- –
	E-mail address: (to be used for future an	nual report no	otification)	l —	
For f	urther information concerning this matter	r, please call:		<u> </u>	7.Q
COLI	LETTE THOMAS-TORO	407 at (	933-6765	3: 07	STAILO
	Name of Person		Area Code & Daytime Telephone Number		ION C
	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	g amount:			
	<b>\$25</b> 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.

(a)	285 ELM COURT KISSIMMEE FL, 34759		(b) 285 ELM COURT KISSIMMEE FL, 34759				
• /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			1	Mailing address of limited l (Note: MAY BE POST (	-	
	MARCH/11/2019		L190	0000683	354		
	Date of filing/registration in Florida	4.			Document number		
(a)					_		
	Registered Agent and Registered Office shown on the records		ida Dep	t, of State	c:		
	UNITED STATES CORPORATION AGENTS, INC.				_		
	Registered Office Address (MUST BE FLORIDA STREE	<u>ET ADDRÉ</u>	<u>(SS)</u>				
	13302 WINDING OAK COURT A				_		
	TAMPA	FL 33612					
		I' I			•		
(b)	COLLETTE THOMAS-TORO						<u> </u>
. (-)	Enter name of NEW Registered Agent and/or NEW Register	red Office	address	į:	<del>-</del>	20	¥iS 38
	C J MONEY VIRTUAL SOLUTIONS LLC.				_	APR -	- 인턴 - - 인턴 -
	NEW Registered Office Address:		•				841
	285 ELM COURT					P	7094
	KISSIMMEE	FL			-	3: 07	
ange ent v as/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the memberscles of organization or the operating agreement of the members of the operating agreement of the members of the members of the operating agreement of the members of the m	the registed liability is of the limited t	ered of compa imited d liabil	fice and ny, it is liability ity com	d the business office of s hereby confirmed that y company or as others	f the regis t the chan	tered ige(s)
Signa	ture of a member or authorized representative of a member				Printed or typed name of s	signec	· · · ·
ovisi e obl mere	by accept the appointment as registered agent and cons of all statutes relative to the proper and completions of my position as registered agent as provided reflect a change in the registered office address, din strings of this change.	agree to a ete perfor ided for in I hereby	ct in the mance Chap confir	his capa of my a ter 605 m that t	acity. I further agree t	a camplu	with the id accep ing filea s been

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