119000013592

(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



900332838719

08/13/19--01014--007 **25.90

AUG 1 9 2019 S. YOUNG 19 AUG 13 AN '8 23
SECRETANN OF STATE
TALL ANASSEE FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	CCT: LIBERTY CASTING STONE LLC				
3000	Name of Limited Liability Company				
Dear Si	ir or Madam:				
The en	closed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.			
Please	return all correspondence concerning this mat	tter to the following:			
PERE	Z GUERRA, WILYANDER				
	Name of Person				
	Firm/Company				
19841	CYPRESS CT E				
	Address				
HIALE	EAH, FL 33015				
	City/State and Zip Code				
WILY	ANDER1983@YAHOO.ES				
E	-mail address: (to be used for future annual re	eport notification)			
For fur	ther information concerning this matter, pleas	se call:			
PEREZ GUERRA, WILYANDER 786					
	Name of Person	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: 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.

l. Na	me of the limited liability company: LIBERTY CA	STING STO	NE LLC
	19841 CYPRESS CT E	(b)	
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	HIALEAH, FL 33015		
	03/15/2019		000073592
3. (a) (b)	Date of filing/registration in Florida CURBELO CHAVEZ, DAYMI	4.	Document number
	Registered Agent and Registered Office shown on the records of 19841 CYPRESS CT E	f the Florida Dept.	. of State:
	Registered Office Address (MUST BE FLORIDA STREET	"ADDRESS)	SEC
	HIALEAH F	L	FILED Allassee
	PEREZ GUERRA, WILYANDER	11.00	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> 19841 CYPRESS CT E	d Office address:	8: 23 ORIDA
	NEW Registered Office Address:		
	HIALEAH F	33015	
the cha agent v was/wo the arti	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered liability compa of the limited	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	ture of a member or authorized representative of a member		Printed or typed name of signee
I here provisi the obi	ture of a member or authorized representative of a member by accept the appointment as registered agent and agions of all statutes relative to the proper and completeligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.		

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

Signature of Registered Agent