L19000077308

(Requestor's Name) (Address) (Address)	800369851358		
(City/State/Zip/Phone #)	2021 SEP 16 AH 10: 26		
Certified Copies Special Instructions to Filing Officer:	RECEIVED ALLAHASSEE FLOW RARDIG		

SEP 1 7 2021

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ORDER FORM

PRIORITY Regular Approval

FROM

TO Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 9/15/2021 ORDER ENTITY

850-245-6051

LUANA 2000 LLC

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1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953

www.incserv.com

Incorporating Services, Ltd.

e-mail: accounting@incserv.com

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PLEASE PERFORM THE FOLLOWING SERVICES: LUANA 2000 LLC (FL)

File the attached change of agent document

NOTES:

\$25.00 Authorized

Email address for annual report reminders: amacedo@assureinternational.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 12005000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



OUR REF_# (Order_ID#) 949252

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:	<u> </u>		-				
2. (a)	15901 COLLINS AVE - Unit 902	(<u> ከ</u>	4581 Weston Road #189				
	Principal office address of limited liability company:		(b)					
	(Note: MUST BE STREET ADDRESS) SUNNY ISLES BEACH, FL 33160				IAY BE POST OF	FICE BO	220	
				WESTON, FL 33331				
	USA							
	03/25/2019			L19000077308				
	Date of filing/registration in Florida	- 4.	-	Documer	nt number			
5. (a)	ROCHA, CESAR							
. (-)	Registered Agent and Registered Office shown on the records of	the Florid	te I	Dept. of State:				
	15901 COLLINS AVE - Unit 902			-				
	Registered Office Address MUST BE FLORIDA STREET	ADDRES	S					
	Sunny Isles	33160			. .	2021		
(b)	Assure International LLC					SEP	I.	
(•)	Enter name of NEW Registered Agent and/or NEW Registered	Office #	dd	ress:		16	, , ,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	801 Brickell Avenue, Suite 900				 	AH 10:		
	NEW Registered Office Address:): 26	A. 77. 14	
	Miami			<u> </u>				
	, FI	33131						
change agent v was/wi the arti	imited liability company is not organized under the lar or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- tere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ability c of the lin limited	nec on nit lis	l office and the busic npany, it is hereby c ted liability company	ness office of the of the test of	he regist	ered	
Signa	are of a member or authorized representative of a member			Printed or	Printed or typed name of signee			
the obl to men notified	by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ignitions of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ee to ac perform a for in hereby c	t i tas Cl	in the comments of the			vith the d accept ng filed been	
Signatu	re of Registered Agent							

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

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