L19000081319

(Requestor's Name)					
(Address)					
	·_·.				
(Addi	ress)				
(Cib.)	State/Zip/Phone	- 			
(City)	State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Busi	ness Entity Nar	ne)			
· ·	•	,			
(Doc	ument Number)				
Certified Copies	Certificates	s of Status			
Special Instructions to Fi	iling Officer:				

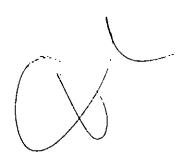
Office Use Only



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COVER LETTER

SUBJECT: DRYCO MITIGATION LLC		
Name of Lim	ited Liability Company	
Dear Sir or Madam:	•	
The enclosed Registered Agent/Registered Office Chang	ge and fec(s) are submitted for filing.	
Please return all correspondence concerning this matter t	to the following:	
GIANNA BARCELLI	to the following: Representation of the	
Name of Person		
DRYCO MITIGATION LLC	4534-26	/
Firm/Company	 R	
4302 HOLLYWOOD BLVD # 287	~ *	
Address		; :
HOLLYWOOD FL 33021	1022 AUG 29	
City/State and Zip Code		ţ
DRYCOEMS@GMAIL.COM	t notification)	ţ
E-mail address: (to be used for future annual report	t notification)	
For further information concerning this matter, please ca	d1:	
GIANNA BARCELLI 780 at (6 3900160	
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	

JNHS18 (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.

1. N	ame of the limited liability company: DRYCO MITIGA	TION L	.LC			
2. (a)	4302 HOLLYWOOD BLVD #287	(b)				
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limit (Note: MAY BE PO	_	* -
	HOLLYWOOD, FL		HOLLYW	OOD, FL		
	33021	_	33021			
	03/25/2019		L190000813	319		
3.	Date of filing/registration in Florida	4.		Document number	-	
5. (a)	MERINO, CARLOS PROEL					
,	Registered Agent and Registered Office shown on the records of the Registered Office Address (MUST BE FLORIDA STREET A			- -		
	INSULA DE L'AGRA		<u>.~1</u>			
			······	- _	2022 AUG	
				-	AUC	
(b)	GIANNA BARCELLI			 		. 43 * 150,000
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	(1)	- 	; 5 1
	4362 Hollywood Blud	甘).87	다. -	AM 11: 07	O
	HULLYWOOD, A 7307	(_	7	
	FL_			_		
change agent v was/wa	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of cles of organization of the operating agreement of the l	register bility c f the lir	red office and ompany, it is nited liability	d the business offic s hereby confirmed y company or as otl	e of the re that the c herwise p	egistered hange(s) rovided in
Signa	ture of a member or authorized representative of a member		<u>`</u>	Printed or typed name	of signee	
provisi the obl to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have a change in the lange.	ee to ac perform for in ereby c	t in this cape tance of my o Chapter 605 confirm that t	acity. I further agro duties, and I am fan .F.S. Or. if this do the limited liability	ee to comp niliar with cument is company	oly with the 1 and accept 2 being filed has been
Signatu	re of Registered Agent					