## L19 0000 85880

(Requestor's Name)	_
(Address)	
(Address)	_
(City/State/Zip/Phone #)	<u> </u> <u> </u>   
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	-
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 15, 2019

ANA SIERRA 2734 SE EAGLE DR PORT SAINT LUCIE, FL 34984

SUBJECT: UTILITARIUM LLC Ref. Number: L19000085880

We have received your document for UTILITARIUM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 119A00009801

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Division of Corporations	
UTILITARIUM LLC	
	f 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 n	natter to the following:
Ana Sierra	
Name of Person	
UTILITARIUM LLC	
Firm/Company	
2734 SE Eagle Drive	FILED
Address	
Port Saint Lucie, FL 34984	P 9 12
City/State and Zip Code	15 <sub>k</sub> 12
infoutilitarium@gmail.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ase call:
Ana Sierra	772 2245295
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 am	 10unt: 
☑ \$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

1.	Name of the limited liability company: UTILIT	ARIUM LLC	
2. (a	1	(b)	
_ (	Principal office address of limited liability con- (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	2734 SE Eagle Drive	2734 SE	Eagle Drive
	Port Saint Lucie, FL 34984	Port Sai	nt Lucie, FL 34984
	03/28/2019	L1900008	35880
3.	Date of filing/registration in Florida	4.	Document number
5. (	a) Ana Sierra		
J. (	Registered Agent and Registered Office shown on the re 2734 SE Eagle Drive, Port Saint Lucie	e, FL 34984	- e: -
	Registered Office Address (MUST BE FLORIDA'S	TREET ADDRESS)	
	2734 SE Eagle Drive		
	Port Saint Lucie	, FL 34984	
			Y <sub>1</sub>
(t			
	Enter name of NEW Registered Agent and/or NEW R	egistered Office address:	
	Freddy Guillemi		デース 12 2
	NEW Registered Office Address:		
	2734 SE Eagle Drive		
	Port Saint Lucie	FL_34984	•
		, FL	•
the c agen was/	c limited liability company is not organized under hange or changes are made, the Florida street add t will be identical. Or, in the case of a Florida lin were authorized by an affirmative vote of the me rticles of organization or the operating agreemen	dress of the registered office mited liability company, it is imbers of the limited liability to fine the limited liability con	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in
	ABH Sera B.	Ana Sierra	
	nature of a member or authorized representative of a member		Printed or typed name of signee
prov. the o	reby accept the appointment as registered agent isions of all statutes relative to the proper and co hligations of my position as registered agent as erely reflect a change in the registered office and ied in writing of this change	and agree to act in this cape omplete performance of my o provided for in Chapter 605 tress, I hereby confirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been
Signa	nture of Redistered Agent	<del></del>	
	, , ,	P.O. Box 6327• Tallahas	see. FL 32314