L190000 88109

(Requestor's Name)							
(Address)							
(Address)							
(100.000)							
(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



900333522219

09/05/19--01014--017 **25.66

19 SEP -5 AM 8: 36

3EP 1 (261)

POLICOEDER

COVER LETTER

CR2E079 (2/14)

TO: Registration Section						
Division of C	Corporations					
SUBJECT: CARV	CARVAJAL GROUP REFERRAL COMPANY, LLC					
	(Name of Lim	ited Liability Co	ompany)			
The enclosed member	er, resignation or dissoci	ation and fee(s) are submitted for filing.			
Please return all corr	espondence concerning	this matter to:	:			
JIM CARVAJAL						
	(Contact Person)					
CARVAJAL GROU	JP REFERRAL COMP	PANY, LLC				
	(Firm/Company)					
13000 AVALON LA	AKE DRIVE 206					
	(Address)		_			
ORLANDO, FL 32	828					
	Tity/State and Zip Code)	_				
For further informati	on concerning this matte	er, please call:				
JIM CARVAJAL		407 at (590-9685			
(Name of C	ontact Person)	(Area Code	e & Daytime Telephone Number)			
Enclosed please find ■ \$25 Filing Fee	a check made payable to		Department of State for: g Fee & Certified Copy			
STREET/COURIE	R ADDRESS:		MAILING ADDRESS:			
Registration Section Division of Corporat	ions		Registration Section Division of Corporations			
Clifton Building			P.O. Box 6327			
2661 Executive Cent	Tallahassee, Florida 32314					

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: CAI	RVAJAL G	ROUP RE	FERRAL COMP	PANY, LLC	
2. (a)			(b)			
()	Principal office address of limited liability (Note: MUST BE STREET ADDRE	company:		Mailing address (Note: MA)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	13000 AVALON LAKE DRIVE 206	3				
	ORLANDO, FL 32828					
	APRIL 01, 2019	L19000088109				
3.	Date of filing/registration in Flor	ida	4.	Document i	iamber	
5. (a)						
-	Registered Agent and Registered Office shown on a DEENA P CARVAJAL	the records of t	he Florida Dept	, of State		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	12313 GREAT COMMISSION WAY					
	ORLANDO	FL	32832		19 Sij	
(b)					SEP F	
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:				-5 -5	
	JIM CARVAJAL					
	NEW Registered Office Address:				© 8: 3 LORIES	
	12313 GREAT COMMISSION WAY				\$ ' e n	
	ORLANDO	, FL_	32832			
the cha agent v was/w	imited liability company is not organized usinge or changes are made, the Florida stree will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the icles of organization or the operating agree	t address of la limited lia e members o	the registered bility compa I the limited I	I office and the bus ny, it is hereby con liability company o	iness office of the registered firmed that the change(s)	
<u>_</u>	In CVU		JIM CA	RVAJAL		
I here provisi the obi	ture of a member or authorized representative of a m by accept the appointment as registered ag ions of all statutes relative to the proper an ligations of my position as registered agent ely reflect a charge in the registered office dim writing of this change.	ent and agre	ce to act in the performance I for in Chapt wereby confirt	is capacity. I furth	ed name of signee ner agree to comply with the am familiar with and accept this document is being filed whility company has been	
Signaru	re of Registered Agent					
(1 -					