

L19 000 107881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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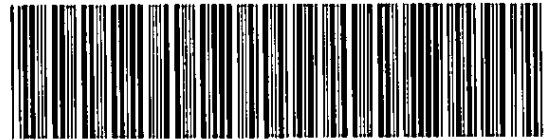
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STEALH.LLC

Name of 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 matter to the following:

Monica Camacho

Name of Person

Stealh LLC

Firm/Company

12107 SW 5th CT

Address

Pembroke Pines FL 33025

City/State and Zip Code

homebusinessrealtyfl@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monica Camacho

954

614-4171

at ()

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

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: STEALH LLC
2. (a) 12107 SW5th CT Pembroke Pines FL 33025
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
- (b) 12107 SW5th CT Pembroke Pines FL 33025
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

3. April 19, 2019 Date of filing/registration in Florida
4. L19000107881 Document number

5. (a) Sergio Cabanas, ESQ Cabanas law P.A
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
18503 Pines Blvd Suite 301 Pembroke Pines
FL 33029

- (b) Monica Camacho
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
12107 SW5th CT
NEW Registered Office Address:
Pembroke Pines
FL 33025

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Monica Camacho

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent