## L19000139697

(Requestor's Name)						
(Address)						
(Address)						
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	₩ WAIT	MAIL				
(Business Entity Name)						
(Dc	ocument Number)					
<b>(</b>						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJI	OSORIO SOTO PROSPER INVEST	MENTS 2 LLC
		of Limited Liability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please	return all correspondence concerning this m	natter to the following:
VICTO	PR L. ZAMORA JR.	
	Name of Person	
VIZA L	AWLLC	
	Firm/Company	
1924 V	V. MARTIN LUTHER KING JR. BLVD.	
	Address	<del></del>
TAMP	A, FLORIDA 33607	
	City/State and Zip Code	<del></del>
vzamo	ra@vizalaw.com	
Е	-mail address: (to be used for future annual	report notification)
For fur	ther information concerning this matter, ple	rase call:
ADRIA	NA B. OSORIO	203 912-2482 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 am	nount:
	■ \$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.

I. Na	ame of the limited liability company: OSORIO SOTO	PROS	PER IN	VESTMENTS 2 LLC	
2. (a)	5125 PALM SPRINGS BLVD.		5125 PALM SPRINGS BLVD.		
( , ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		-	limited liability company: POST OFFICE BOX)
	UNIT 1106	_	UNI	Т 1106	
	TAMPA, FLORIDA 33647	<u> </u>	TAN	IPA, FLORIDA 33647	7
	5/24/2019		L1900	00139697	
3.	Date of filing/registration in Florida	4.		Document num	ıber
5. (a)	CESAR GOMEZ & ASSOCIATES LLC				
(4)	Registered Agent and Registered Office shown on the records of to 1201 SIXTH AVENUE WEST	he Flori	da Dept.	of State:	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u></u>		2
	100				2019 nr ·
	BRADENTON	34205			بر بر
	, FL			<del></del>	
(b)	VIZA LAW LLC				PH
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddress:	<del></del>	2 3
	1924 W. MARTIN LUTHER KING JR. BLVD.				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	NEW Registered Office Address:				
	TAMPA	33607			
change ngent v vas/we he arti Signar I herel provisi he obl. o mere notified	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 lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law to a member or authorized representative of a member of the law accept the appointment as registered agent and agree on of all statutes relative to the proper and complete prigations of my position as registered agent as provided all virging of this change.	registe bility c f the lii imited AD  se to acceptorn for in	red offi ompany nited li liability RIANA et in this ance of Chapte	ce and the business of y, it is hereby confirm ability company or as y company.  B. OSORIO  Printed or typed rest of any duties, and I am re 605, F.S. Or, if thi,	office of the registered ned that the change(s) is otherwise provided in name of signee agree to comply with the familiar with and accept is document is being filed
	Division of Corporations ◆ P.O. B	lax 631	! <b>7•</b> Tal	llahassee. F1. 32314	

FILING FEE: \$25.00