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COVER LETTER

TO: **Registration Section Division of Corporations**

HEVIA el HEVIA CP.A FIRM, LLC Name of Limited Liability Company SUBJECT:

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:

MARIA HEVIA HEVIA & HEVIA CPA FIRM, LLC Firm/Company 12203 SW 133RD COURT Address MiAMI FL 33186 City/State and Zip Code MARIN @ HEVIACPA. COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Street Address: Mailing Address: **Registration Section Division of Corporations**

MARIN HEVIA	at (305) 984-0543
Name of Person	Area Code & Daytime Telephone Number

P.O. Box 6327 Tallahassee, FL 32314

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:



□ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

1

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 limi	ted liability company:	HEVIA 4	HEVIA	CPA_	FIRM	LLC
2. (a)			(b)		Ť	
	office address of limited liability of the second s			Mailing address of (Note: MAY BI		
122	03 SW 133	RD CT	_12:	203 SW	133	° CT
Mia	M. FL 3	3 186	M,	AM	FL 33	8186
3. Date	A_{1} 30 2010 of filing/registration in Flo	<u>1</u>	L	19.000	14426	5
				Document num	ıber	
5. (a) <u> </u>	RP SERVICES and Registered Office shown o	p_{-} $ L_N \subset$ on the records of the Flo	rida Dept. of State	. 6:		
(b) $A \downarrow E$ Enter name of <u>NE</u> <u>HEV</u> <u>NEW</u> Registered <u>125</u>	88 67 th A HATCHEE (ANDER M. WRegistered Agent and/or N A & HEVIA C Office Address: 203 SW 1	<u>HEVIA</u> EWREgistered Office PAFIRM 33RD C+	address:		2021 JUH 23 AM 9: 52	
M_I	AMI	, FL <u>3</u>	3186			
If the limited liability c change or changes are	company is not organized made, the Florida street as	under the laws of the design o	e State of Flor	ida, it is hereby	confirmed th	at 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 of a member or authorized representative of a member

1 ARIA EVIA 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 Jamiliar 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.

Division of Corporations P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Ag