

L19000160899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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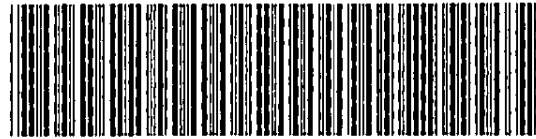
(Business Entity Name)

(Document Number)

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FILED

SUBJECT: Cell B Services LLC

Name of Limited Liability Company

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lucas Barbosa Santos

Name of Person

Cell B Services LLC

Firm/Company

6965 Piazza Grande Ave. Suite 417

Address

Orlando/FL - 32835

City/State and Zip Code

lucas.santos@cellb.com.br

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

For further information concerning this matter, please call:

Lucas Barbosa Santos

352

978-6993

at ()

Name of Person

Area Code & Daytime Telephone Number

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: Cell B Services LLC
2. (a) 6965 Piazza Grande Ave, Suite 417, Orlando, FL, 32835
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
- (b) 6965 Piazza Grande Ave, Suite 417, Orlando, FL, 32835
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
3. 06/18/2019
Date of filing/registration in Florida
4. L19000160899
Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Lucas Barbosa Santos
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
10643 SPRING LAKE Dr
Clermont, FL 34711
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Lucas Barbosa Santos
NEW Registered Office Address:
6965 Piazza Grande Ave, Suite 417
Orlando, FL 32835

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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.

Lucas Barbosa Santos

Signature of a member or authorized representative of a member

Printed or typed name of signer

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 of Registered Agent