

L19000 174 065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

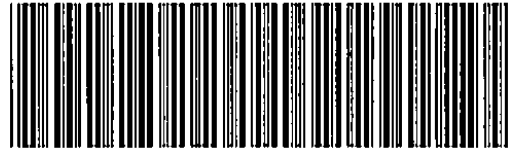
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



40033396728

09/16/19--01019--028

2019 SEP 16 AM 9:41
Filing Office

Y SULKER

SEP 25 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BORINQUEN GENERAL HOME SERVICES 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:

ANGEL ECHEVARRIA

Name of Person

BORINQUEN GENERAL HOME SERVICES LLC

Firm/Company

632 COMMONWEALTH AVE SW

Address

POLK CITY, FL 34668

City/State and Zip Code

BORIQUN1@GMAIL.COM

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

For further information concerning this matter, please call:

ANGEL ECHEVARRIA

at (863) 409-2369

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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
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: BORINQUEN GENERAL HOME SERVICES LLC

2. (a) <u>Principal office address of limited liability company:</u> <u>(Note: MUST BE STREET ADDRESS)</u> <u>632 COMMONWEALTH AVE SW</u> <u>POLK CITY, FL 34668</u>	(b) <u>Mailing address of limited liability company:</u> <u>(Note: MAY BE POST OFFICE)</u> <u>632 COMMONWEALTH AVE SW</u> <u>POLK CITY, FL 34668</u>
---	---

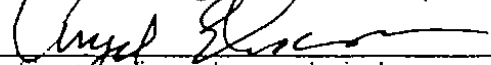
3. <u>07/03/2019</u> Date of filing/registration in Florida	4. <u>L19000174065</u> Document number
--	---

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
ENRIQUE ECHEVARRIA
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
632 COMMONWEALTH AVE SOUTH WEST
POLK CITY, FL 33868


2019 SEP 16 AM 9:01
FILED

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
ANGEL ECHEVARRIA
NEW Registered Office Address:
632 COMMONWEALTH AVE SOUTH WEST
POLK CITY, FL 33868

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that 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 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	ANGEL ECHEVARRIA _____ 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 understand 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