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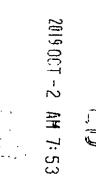
(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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-COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJE	PEQUEÑO ENTERPRISES, LLC DBA WORLD WIDE HARVESTERS							
	Nan	ne of Limited	Liability Company					
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Off	ice Change a	nd fee(s) are submitted for filing.					
Please	return all correspondence concerning th	is matter to t	he following:					
EMIL	IO PEQUENO							
	Name of Person							
Peq	ueño Enterprises, L	ic.						
137 S	INDUSTRIAL LOOP, UNIT 6							
	Address							
LABE	LLE, FL 33935							
	City/State and Zip Code							
alecia	@pequenoharvesting.com							
E-mail address: (to be used for future annual report notification)								
For fur	ther information concerning this matter,	please call:						
Alecia	a Gallegos	863 at (674-1745					
	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	0	\$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.

1. Na	une of the limited liability company: PEQUENO E	NTERP	RISES LI	LC		
2. (a)	137 S INDUSTRIAL LOOP, UNIT 6	(b)	137 S IN	NDUSTRIAL LOOF	P, UNI	T 6
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POST	-	
	LABELLE, FL 33935		LABELL	E, FL 33935		
	07/11/2019	_	_1900017	79444		
3.5. (a)	Date of filing/registration in Florida EMILIO PEQUENO	4.		Document number		
J. ()	Registered Agent and Registered Office shown on the records of 137 S INDUSTRIAL LOOP, UNIT 6	the Florida	Dept. of State	- e:		
		· ·			2019 OCT	****
	LABELLE , FL	33935	33935 ——————————————————————————————————			
41-5	ALECIA VICTORIA GALLEGOS				<u></u>	, t]]
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			<u>.</u>	7: 53	J
	NEW Registered Office Address: 137 S INDUSTRIAL LOOP, UNIT 6			-		
	137 3 INDUSTRIAL LOOP, UNIT 6			-		
	<u>LABELLE</u> , FL	33935		-		
the cha agent v was/we the arti Signa I here, provisi the obl to mere	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of the operating agreement of the operating agreement of the law accept the appointment as registered agent and agrounds of all statutes relative to the proper and complete ligations of my position as registered agent as provide let reflect a change in the registered office address, I did in writing of this change.	the regis ability con of the limited li	tered office mpany, it is ted liability con mile of the control of	e and the business offices hereby confirmed the y company or as other apany. Printed of typed name of acity. I further agree	ice of the lat the chart the chart the chart is pro-	e registered nange(s) ovided in

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

Signature of Registered Agent