L1900018Z017

_
(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



700336317747

11/61/19--01009--017 **25.00

TALLAHASSE FINSIN

Y SULKER

DEC 00 2019

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Supreme Mo	old Testing, LLC 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 n	natter to the following:				
Judith Cajat Name of Person					
Supreme Mold Te	esting, LLC				
19301 500 100 14 A. Address	ve #10				
Cutter Bay Fl. 3 City/State and Zip Code	3157				
Supreme molal testine E-mail address: (to be used for future annual	ng Qgrocul. Com report notification)				
For further information concerning this matter, ple	ease call:				
Pedro Sucrez	at (305) 747-5907				
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				

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.

rioriaa					^
1. Na	me of the limited liability company: Supreme	Mold	Testin	9.,	<u>LLC</u>
2. (a)	19301 SW 106 th Ave #10 (b)_	19:301	5W 104	> C4√E)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	address of limited li	-	
	Cutler Boy Fl. 33157	#10			<u> </u>
			r Bay F		3815
		Carre	· Duy		3075
	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	_19000	182017		
3.		Docu	ment number		
5. (a)	Judith Cajar				
	Registered Agent and Registered Office shown on the records of the Florida Dep	pt. of State:			
	7532 OW 187 ST				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	Cutter Bay Fl. 35153	9			
	, FL				
	Pedro Suarez		۲ کار	20	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office addres	S:		30	
			無 5	i - AON 6102	1 <u>1</u>
	3476 West 86th Tern	ace	S. S	•	
	NEW Registered Office Address:			#	Ti
			HASSEEL FLORIO	AM ED: O7	
	Hialeah FL 330	18	Öέ	07	
		1 0			
	mited liability company is not organized under the laws of the Stange or changes are made, the Florida street address of the registere				
agent w	vill be identical. Or, in the case of a Florida limited liability comp	any, it is here	by confirmed tha	t the cha	nge(s)
	ere authorized by an affirmative vote of the members of the limited cles of organization or the operating agreement of the limited liab			vise prov	rided in
	Tudith Cajar	(_ A-(1	٠	
Signat	ure of a member or authorized representative of a member	Printe	d or typed name of s	ignee	
provision the obli to mere	by accept the appointment as registered agent and agree to act in a constant of all statutes relative to the proper and complete performance igations of my position as registered agent as provided for in Chaply reflect a change in the registered office address, I hereby confit in writing of this chapge	this capacity. e of my duties pter 605, F.S. rm that the lin	l further agree t , and I am famili Or, if this docun nited liability con	o comply ar with a nent is ho npany ho	with the and accept eing filed as been

Signature of Registered Agent