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SECKETARY OF STATE
TALLAHASSEE, FL

D. BRUCE AUG 2 7 2020

COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations							
SUBJ	Villaval LLC JECT:				_			
		Name of Limited L	Liability Company					
Dear	Sir or Madam:							
The e	enclosed Registered Agent/Registered	d Office Change and	I fee(s) are submitted for filing.					
Plcase	e return all correspondence concerni	ng this matter to the	following:					
Davi	id Villalobos							
	Name of Person							
Villav	val LLC							
	Firm/Company							
17103	3 N bay rd apt 402							
-	Address			cc.	21			
Sunny	y Isles Beach, FL 33160			TAL TAL	2020 JUL 15			
	City/State and Zip Co	ode		LAHI	5			
Villav	val19@gmail.com			355 555 555	A-	7		
	E-mail address: (to be used for futur	re annual report noti	fication)	in an		; t.		
For fu	urther information concerning this m	atter, please call:		卫점	25			
David	i Villalobos	786 at (547-3934					
	Name of Person	u. (Area Code & Daytime Teleph	none Numb	er			
	Mailing Address:		Street Address:					
	Registration Section		Registration Section					
	Division of Corporations		Division of Corporations					
	P.O. Box 6327		The Centre of Tallahassee					
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the follo	owing amount:						
	■ \$25 Filing Fee	-	S55 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. Na	ame of the limited liability company: Villaval LLC						
2. (a)	17103 N hay Rd ant 402 Sunny Isles Beach El 33160		(b) 17103 N bay Rd apt 402 Sunny Isles Beach FL 33160				
- (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	July 19, 2019	<u> </u>	L1900018	3432			
3.	Date of filing/registration in Florida	_{4.}		Document number			
	LEGALING CORPORATE SERVICES INC.	••					
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
	5237 summerlin commons Suite 400						
	Registered Office Address (MUST BE FLORIDA STREET	- ************************************					
				2020 JUL SECRETALLA			
(b)	Fort Meyers FL 33907						
	David Villalobos Enter name of NEW Registered Agent and/or NEW Registered Office address:			5 M 7: 55 ASSEE, FL			
	NEW Registered Office Address:						
	17103 N bay Rd apt 402						
	Sunny Isles Beach, F	L_33160					
change agent was/w the art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members icles of organization or the operating agreement of the will be added.	e registe iability of the li- c limited	red office a company, it mited liabil	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.			
_	ature of a member or authorized representative of a member			Printed or typed name of signee			
provis the ob to mer	thy accept the appointment as registered agent and agents of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to a e perfori ed for in hereby	ct in this ca nance of my Chapter 60 confirm tha	pacity. I further agree to comply with the valuties, and I am familiar with and accept 55, F.S. Or, if this document is being filed the limited liability company has been			
Signati	ure of Registered Agent						