

L19000 184 236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

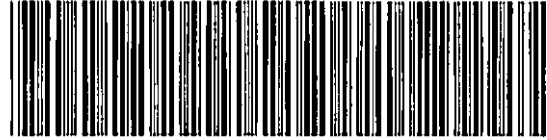
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FILED  
2019 OCT 22 11:03  
SECRETARY OF STATE  
TOLSON, D.C.

Y. SULLER

NOV 13 2019

TO: Registration Section  
Division of Corporations

SUBJECT: Teulu Group 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:

Oviedo Raquel

\_\_\_\_\_  
Name of Person

Teulu Group LLC

\_\_\_\_\_  
Firm/Company

9611 NW 46TH LN

\_\_\_\_\_  
Address

Doral Florida 33178

\_\_\_\_\_  
City/State and Zip Code

pecota12@hotmail.com

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

For further information concerning this matter, please call:

Oviedo Raquel

\_\_\_\_\_  
Name of Person

786

5373601

at (\_\_\_\_\_) \_\_\_\_\_

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 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: Teulu Group LLC

2. (a) 9611 NW 46TH LN, DORAL (b) 9611 NW 46TH LN, DORAL

Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

07/17/2019

L19000184236

3. 07/17/2019 Date of filing/registration in Florida

4. L19000184236 Document number

5. (a) Oviedo Raquel

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

901 PONCE DE LEON BLVD 603

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

901 PONCE DE LEON BLVD 603

CORAL GABLES, FL 33134

(b) Mena Alejandro Martin

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

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2019 OCT 22 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Signature of a member or authorized representative of a member

Oviedo Raquel

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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00