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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

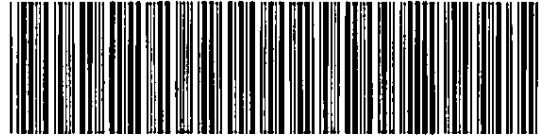
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS

JAN 16 2020

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** INDUSTRIES M & A 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:

SILGADO, ANGEL A

Name of Person

INDUSTRIES M & A LLC

Firm/Company

197 drennen rd unit 401

Address

orlando fl 32806

City/State and Zip Code

level2017llc@gmail.com

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

For further information concerning this matter, please call:

SILGADO, ANGEL A

Name of Person

786

at ( )

5470388

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: INDUSTRIES M & A LLC

2. (a) 197 drennen rd unit 401 orlando fl 32806 (b) 197 drennen rd unit 401 orlando fl 32806

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

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

orlando fl 32806

07/19/2019

L19000186370

3. Date of filing/registration in Florida

4. Document number

5. (a) SILGADO, ANGEL A

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

197 drennen rd unit 401

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

orlando, FL 32806

(b) EL KHOURY, MICHAEL

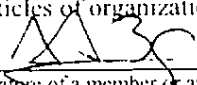
Enter name of NEW Registered Agent and/or NEW Registered Office address:

197 drennen rd unit 401

NEW Registered Office Address:

orlando, FL 32806

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

ANGEL SILGADO

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 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

**FILED**  
2019 Dec 16 PM 5:34  
SECRETARY OF STATE  
TALLAHASSEE, FL