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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)							
(Document Number)							
Certified Copies Certificates of Status							
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2022 JUL 29 PM 2: 52 SECREDARY OF STAIL

COVER LETTER

Pilatay, LLC	
SUBJECT:	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	
•	
Tracy Belcher	
Name of Person	
Pilatay LLC	
Firm/Company	
2357 SW 22nd ST	
Address	
Miami, FL 33145	
City/State and Zip Code	
hello@pilatay.com	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please c	all:
Tracy Belcher 30	05 417-8223
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	t:
■ \$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. Na	ame of the limited liability company: Pilatay, LLC					. <u>.</u>	
2. (a)	Tracy Belcher	((b) Tracy Belcher				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· ·		Mailing address of limit (Note: MAY BE PC		•	• •
	2357 SW 22nd ST		340 SE 3rd	IST,#4211			
	Miami, FL 33145		Miami, FL 33131				·
	07/25/2019		L190001905	660			
3.	Date of filing/registration in Florida	4.		Document numbe	r		
5. (a)	BUSINESS FILINGS INCORPORATED						
J. (a)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State	- e:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	S	20	
	1200 South Pine Island Road			_	7 55	2022 JUL 29	Cast Pict
	Plantation	33324			LL AHAS	Ē	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			-	SEE. FL	PM 2: 52	O
	NEW Registered Office Address:			-			
	2357 SW 22nd ST			-			
	Miami , FI	331 45		-			
change agent was/w	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 is is of organization or the operating agreement of the	e register ability co of the line limited	red office and ompany, it is nited liability	d the business offices s hereby confirmed y company or as of	ce of th I that th	ne regi: ne chai	stered nge(s)
Signs	nure of a member or authorized representative of a member		<u> </u>	Printed or typed nam	e of sign	nec	
I here provis the ob- to mer	by accept the appointment as registered agent and agions 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 din writing of this change.	nertorn	iance of my a	duties and Lam ta	miliar	with a	nd accent
Signati	ire of Registered Agent						