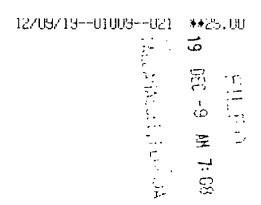
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Decision Fable No.
(Business Entity Name)
(Document Number)
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Office Use Only



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JAN 1 3 2020 S. YOUNG ...

COVER LETTER

14

ГО:

NHS18 (2/14)

Registration Section Division of Corporations

SUBJECT: Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Offic	ice Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this	is matter to the following:						
OSWALDO CHAVEZ LOOR							
Name of Person							
HAPPY SUPERHOST LLC							
Firm/Company							
66 WEST FLAGER STREET, SUITE 900							
Address							
MIAMI FL 33130							
City/State and Zip Code							
OC1892@GMAIL.COM							
E-mail address: (to be used for future annu	ual report notification)						
For further information concerning this matter,	please call:						
OSWALDO CHAVEZ LOOR	786 867-1111 at ()						
Name of Person	Area Code & Daytime Telephone Number						
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 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.

HAPPY SUPERHOST LLC

	66 West Hagler Street	ť1	66 Wes	t Flagler Street	
(a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	V	·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Suite 900, Miami, FL 33130	_	Suite 90	00, Miami, FL 33130	
	07/31/2019		L19000	0196050	
	Date of filing/registration in Florida	4.		Document number	
(a)	Oswaldo Leoncio Chavez Loor				
()	Registered Agent and Registered Office shown on the records of LEGALINC CORPORATE SERVICE				19
	Rogistered Office Address (MUST BE FLORIDA STREET ADDRESS) SUITE 400			AL AND SECTION)30 ·
	FORT MYERS	3390	,	- '	တ်
	Enter name of NEW Registered Agent and or NEW Registered 66 West Flagler Street, Suite 900	Office as	<u>dress</u> : 		
	NEW Registered Office Address:				
	Miami . FI	_33130		_	
	mited liability company is not organized under the lat- nge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited li-	the regi ability o	stered office ompany, it is	e and the business office of the regist is hereby confirmed that the change(s ty company or as otherwise provided	ered)
nt w s/we	cles of organization or the operating agreement of the	limited	liability cor	mpany. oncio Chavez Loor	
nt w s/we artic	cles of organization or the operating agreement of the complete of a member of all statutes relative to the proper and complete gations of any position as registered agent as provide by reflect a change in the registered office address, I fin writing office change.	limited Os	waldo Leo	Oncio Chavez Loor Printed or typed name of signee	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00