## L19000 200 267

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SECKELARY OF STATE
LIVISION OF CORFORATIONS

Bd Chando

OCT 1 8 2019

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## **COVER LETTER**

	ration Section on of Corporations				
	Perfect Glass, LLC				
SUBJECT: _	Name	e of Limited Lia	bility Company		
Dear Sir or Ma	adam:				
The enclosed	Registered Agent/Registered Offic	ce Change and f	ee(s) are submitted for filing.		
Please return a	all correspondence concerning this	s matter to the fe	ollowing:		
Dayans Lo	renzo Fuentes				
	Name of Person	· · · · · · · · · · · · · · · · · · ·	_		
Perfect Gla	ass, LLC				
	Firm/Company		_		
3102 Sand	spur dr.				
	Address		_		
Tampa, FL	. 33618				
	City/State and Zip Code	<u> </u>	_		<i>:</i>
dayanslore	nzo@yahoo.com			19	131/1
E-mail a	ddress: (to be used for future annu	ial report notific	cation)	SEP (	- 오철 - 요청
For further inf	formation concerning this matter,	please call:		30	0 7.55 8.57
Dayans Lo	renzo Fuentes	786	366-1480	AK .c	発品が
		_ at (	_)	— °	
	Name of Person		Area Code & Daytime Telephone Nu	mber —	(5) A.S.
Regist Divisi Clifto 2661 l	ET/COURIER ADDRESS: tration Section on of Corporations in Building Executive Center Circle hassec, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclo	sed is a check for the following	amount:			
☑ \$25	Filing Fee	<b>□</b> \$55	Filing Fee & Certified Copy		

INHS18 (2/14)

## 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

l Na	Perfect Glass me of the limited liability company:	, LLC		
	3102 Sandspur dr.			ndspur dr.
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Tampa, FL. 33618	_ (3	Ma	ailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)  FL. 33618
	08/06/2019	_ 	L1900020	
<ul><li>3.</li><li>5. (a)</li></ul>	Date of filing/registration in Florida  Dayans Lorenzo	4.	Ι	Document number
-: ( <del>-</del> )	Registered Agent and Registered Office shown on the records of the 3102 Sandspur dr.	he Florida	Dept. of State:	
	Registered Office Address MUST BE FLORIDA STREET A	DDRESS	1	
		33618		
(b)	Dayans Lorenzo Fuentes			eri
	Enter name of NEW Registered Agent and/or NEW Registered (	Office add	ress:	19 19
	3102 Sandspur dr.			CRÉTA ION O SEP
	NEW Registered Office Address:			TILEU NRY OF 1 E CORFO
	Tampa, FL_	33618		STATE PRATIONS 9: 07
the char agent w was/we the artic	mited liability company is not organized under the law- nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization of the operating agreement of the l ure of a member of authorized representative of a member	the regist bility con the limit imited li	tered office a mpany, it is l ted liability ability comp ans Loren	ida, it is hereby confirmed that after and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.  IZO Fuentes
I hereb provision the oblinito to mere notified	ny accept the appointment as registered agent and agreeous of all statutes relative to the proper and complete programs of all statutes relative to the proper and complete programs of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	e to act performa for in C ereby co	in this source	Printed or typed name of signee sity. I further agree to comply with the aties, and I am familiar with and accept F.S. Or, if this document is being filed be limited liability company has been

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

BETCHO (5/1/4)