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COVER LETTER

TO: Registration Section Division of Corporations

GAMBOA & SONS GROUP LLC SUBJECT:

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:

LISANDRA GAMBOA HERNANDEZ

Name of Person

GAMBOA & SONS GROUP LLC

Firm/Company

11455 SW 40TH STREET, SUITE 306

Address

MIAMI, FLORIDA 33165

City/State and Zip Code

GAMBOAANDSONSGROUPLLC@GMAIL.COM

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

For further information concerning this matter, please call:

LISANDRA GAMBOA HERNANDEZ

484-4116

786 at (_____

Name of Person

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:

2 S25 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.

	ame of the limited liability company: GAMBOA &	SONS GROUP	P LLC		
2. (a)	4360 SW 108 AVE	(b) 4360 SW 108 AVE			
(47	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	, , , , <u></u>	Mailing address of limited liability company; (Note: MAY BE POST OFFICE BOX)		
	MIAMI, FLORIDA 33165	MIAN	MI, FLORIDA 33165		
	08/12/19	L1900	00205543		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	LISANDRA GAMBOA HERNANDEZ				
. [,] . (a)	Registered Agent and Registered Office shown on the records o	if the Florida Dept. of	5E 201		
	Registered Office Address <u>(MUST BE FLORIDA STREET</u> 4360 SW 108 AVE	<u>r Addressi</u>	<u>></u>		
	MIAMI	33165	9 PH		
(ኮ)	Enter name of <u>NEW Registered Agent</u> and or <u>NEW Registere</u>	ed Office address:	0 5		
	NEW Registered Office Address:				
	11455 SW 40TH STREET, SUITE 306				
	MIAMI, F	1_33165			

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

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