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PICK-UP	☐ WAIT	MAIL						
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Certified Copies	Certificate	es of Status						
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## COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: CSJ GROUP PEMBROKE LLC  Name of Limited 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 to the following:									
	· ·								
TUID BARBOSA RIBEIRO  Name of Person									
Name of Person									
CSJ GROUP REmbroke L	<u>lc</u>								
,									
401 N Federal HWY APF.	<u>3/z</u>								
MALLANDALE FL 33 009 City/State and Zip Code									
F-mail address: (to be used for future annual report notification)									
For further information concerning this matter, please call:									
TUlio BARBOSA RIBEIRO at (	15, 6542268								
Name of Person	Area Code & Daytime Telephone Number								
Mailing Address:	Street Address:								
Registration Section Division of Corporations	Registration Section 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								
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 of fice or registered agent, or both, in the State of Florida.

l.		I ,	SROUP		BROKE			
2.	(a) _	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of (Note: MAY BE	limited lial	bility con	npany:
		5309 OPLANDO FL 328	<u> </u>	530°	1 octar	ndo —	YL	<u>3 283</u> 9
2		08/19/2019		119	10002	<u></u>	40	
<ol> <li>5.</li> </ol>		Date of filing/registration in Florida  JESUS AMGELO DE OLIVE			Document nun	ıber		
		Registered Agent and Registered Office shown on the record  3536 MILLEMIA BLVD F  Registered Office Address (MUST BE FLORIDA STRE	5309		:: -			
	(b) <u>.</u>	ORIANDO  TULIO BARBOSA RIBE Enter name of NEW Registered Agent and/or NEW Registered			-	SECRETARY OF ST	2019 DEC -9	eritines
		404 N FEDERAL HWY  NEW Registered Office Address:	APT 3	//2	-	SSEE, FL	AM 10: 56	G
		HALLANDALE	, ғі. <u> 3</u> 3С	09	_			
cha age was the	inge ont westwest artic	nited liability company is not organized under the or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the membeles of the presentating agreement of the operating agreement of the operating agreement of the operating agreement of the operations.	f the registered ad liability cor- ers of the limi f the limited li	d office and npany, it is ted liability ability com	I the business of hereby confirm or as	ffice of the that the sound of the that the sound of the	he regis the chan se prov	stered nge(s) ided in
pro the to n not	visio oblig nerci fied	vaccept the appointment as registered agent and some sofall statutes relative to the proper and complications of my position as registered agent as provered to the complex of the control	l agree to act i	n this cana	icity. I further	agree to e	comply	with the