

L19000216318

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Y. SULTAN
10/30/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROMARCONT, LLC

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:

JOSE RICHARD CAMPOS

Name of Person

PROMARCONT, LLC

Firm/Company

251 SW 132ND WAY APT H 201 PEMBROKE PINES

Address

FL 33027

City/State and Zip Code

MIGUEL.FILMACION@GMAIL.COM

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

For further information concerning this matter, please call:

RICHARD CAMPOS

at (305) 710 86 41

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:

\$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. Name of the limited liability company: PROMARCONT, LLC

2. (a) 251 SW 132ND WAY APT H 201 PEMBROKE (b) CPS39337 PO Box: 149020 Coral Gables
 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
251 SW 132nd Way Apt H 201 33114-9020
Pembroke Pines, FL 33027

3. 30, 2019, EFFECTIVE AUGUST 29, 2019 4. L1 9000216318
 Date of filing/registration in Florida Document number

5. (a) MARCOS A ALVAREZ
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
10315 NW 9TH STREET CIR APT 405 FL 33172
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

 _____, FL _____

(b) JOSE RICHARD CAMPOS
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
1 SW 132ND WAY APT H 201 PEMBROKE PINES
 _____, FL 33027

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 TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 Signature of a member, or authorized representative of a member MIGUEL VÁSQUEZ
 Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

 Signature of Registered Agent