## 49000 216318

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

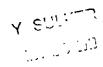


700336041697

10/30/19--01003--004 \*\*25.00

TORETARY OF STATE

19 00T 00 PK 2:



## 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 Cha	ange and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	er to the following:					
JOSE RICHARD CAMPOS						
Name of Person	<del></del>					
PROMARCONT, LLC						
Firm/Company	<del></del>					
251 SW 132ND WAY APT H 201 PEMBROK	E PINES					
Address						
FL 33027						
City/State and Zip Code	V ■ Addr					
MIGUEL.FILMACION@GMAIL.COM						
E-mail address: (to be used for future annual rep	ort notification)					
For further information concerning this matter, please						
RICHARD CAMPOS at (	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:						
2 \$25 Filling 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 office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: PROMARCONT	,LLC			
2. (a)	251 SW 132ND WAY APT H 201 PEMBROKE	(b) CPS3	9337 PO Box: 1490	20 Coral	Gables
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(9)	Mailing address of limited (Note: MAY BE POST		•
	25/5W 137" WHY AHHZU		37116,	902	n
	Pembrolle Pines, Pl. 33027				
	30,2019, EFFECTIVE AUGUST 29, 2019	L1 9000	0216318		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	MARCOS A ALVAREZ				
(11)	Registered Agent and Registered Office shown on the records of the F	lorida Dept. of S	tate:		
	10315 NW 9TH STREET CIR APT 405 FL 331	72			
	Registered Office Address MUST BE FLORIDA STREET ADD	RESS)			:
				· . 2	
		<u></u>	_ <del>_</del> _	2019 OCT CO	
			<del>_</del>		77
(b)	JOSE RICHARD CAMPOS		, see the second		
(4)	Enter name of NEW Registered Agent and/or NEW Registered Offi	ce address:	<u></u>	\ <u>_</u> `	1 [1]]
				PK:	ר")
				STATE	
	NEW Registered Office Address:		UA	tu —	
	1 SW 132ND WAY APT H 201 PEMBROKE PI	NES 			
		027			
the cha agent w was/we	mited liability company is not organized under the laws or nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liability re authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limit	registered offi ty company, it c limited liabil	ice and the business officts hereby confirmed the lity company or as other ompany.	ce of the reg	gistered
Signat	of a member of authorized representative of a member		Printed or typed name of	signee	
ne ome o mere	by accept the appointment as registered agent and agree to ins of all statutes relative to the proper and complete perf gations of my position as registered agent as provided for by reflect a charge in the registered office address, I here, in writing of his mange.	e act in this ca formance of m in Chapter of by confirm tha	pacity. I further agree is duties, and I am famili of duties, and I am famili 05, F.S. Or, if this docu, at the limited liability co.	to comply war with and ment is bein mpany has	rith the laccept ng filed been
Signatur	c of Register of gent				
	Division of Corporations • P.O. Box of FILING FEE:		assee, F1, 32314		