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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: INVERSIONES INAQUA LLC	
Name o	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 r	matter to the following:
SADIA BENAMU	
Name of Person	
INVERSIONES INAQUA LLC	
Firm/Company	
989 NE 193RD TERRACE	
Address	
MIAMI FLORIDA 33179	
City/State and Zip Code	
SBB7594@GMAIL.COM	
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter, pl	ease call:
SADIA BENAMU	305 3368778
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 ar	mount:
■ \$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 office or registered agent, or both, in the State of Florida

. Na	me of the limited liability company:INVERSIONES	SINAC	QUA LL	С					
. (a) _		_ (b	·)						
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)						limited li POST (company: E <i>BOX</i>)
	447 NE 194TH TERRACE MIAMI FL 33179	-	53 W						33010
	09/10/2019	_	L19000)22829	94				
	Date of filing/registration in Florida	4.	••	Doo	umen	t num	ber		
. (a)	FORTINO, ANTONIO								
	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of S	State:					
	FORTINO, ANTONIO								
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS	2)						
	53 W 21 ST SUITE #13						⊼	<u>.</u>	
	HIALEAH .FL3	3010						130	77,
(b)	BENAMU, SADIA							-7	77 T)
	Enter name of NEW Registered Agent and/or NEW Registered C	office ad	dress:				· · ·	7 ≻ ⊒1	J
	BENAMU, SADIA						. FLORIDA	9: 1, 2	
	NEW Registered Office Address:						عرز		
	989 NE 193RD TERRACE		<u>.</u> <u>-</u>						
	MIAMI, FL 3	33179							
ie chai gent w ras/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of the of organization or the operating agreement of the liable.	he regist bility co the limited l	stered of ompany, lited liab	fice and it is her ility compan	the b eby co mpany y.	usine onfirm or as	ess office ned that s otherw	e of the c	ne registere hange(s)
Sengt	ure of a member or authorized representative of a member	Printed or typed name of signee							
rovisio he obli o mere	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to act verform for in C vreby co	in this c ance of r Chapter (onfirm th	apacity ny dutie 505, F.S at the l	e. I fur es, and S. Or, imited	rther l I am if thi l liabi	agree l famili s docui ility coi	to com ar wit ment i, mpany	ply with the h and acce s being file has been

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

INHS18 (2/14)