## L19000 234 843

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

Office Use Only



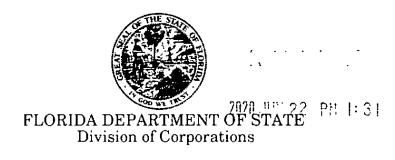
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JUN 23 2020



May 21, 2020

ELIAS MORA 4910 NW 79TH AVE STE 103 DORAL, FL 33166

SUBJECT: EVOLUTION GROUP USA LLC

Ref. Number: L19000234843

We have received your document for EVOLUTION GROUP USA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

PLEASE ENTER THE NEW INFORMATION FOR REGISTERED AGENT IN SECTION 5B ON THE FORM.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 720A00010280

Octavia L Simmons
Regulatory Specialist II Supervisor

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: EVOLUTION GROUP USA LI	ted Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to	o the following:		
·	·		
ELIAJ MORA			
Name of Person	<del></del>		
EVOLUTION GROUP USA LCC			
Firm/Company	<del></del>		
4010 NW 79th Aur #103			
4910 NW 79th AVE #103 Address	<del></del>		
DONA, FL 33166			
City/State and Zip Code	<del></del>		
Eliasx Mazax @hotmail. Com E-mail address: (to be used for future annual report	notification)		
E-mail address: (to be used for future annual report notification)  further information concerning this matter, please call:			
EUAS MORA at (	196 ) 292-2406  Area Code & Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the following amount:			
\$25 Filing Fce	☐ \$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. Na	me of the limited liability company: <u>EVOLUTION</u>	6rour	S USA LIC
2. (a)		(b) _	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4910 NW 79th AVE APT 103		4910 NW 79th AUE AP+103
	DORAZ, FL 33166		DOPAL, FL 33166
	04/302020		L19 000234843
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	ELAS HORA		
(-)	Registered Agent and Registered Office shown on the records of the	ne Florida De	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	<del></del>
	5250 NW 84+10 Ave 20+ 120	94	5.)
	5250 NW 84+ Ave 2p+ 120 DORAL ,FL	3711.1.	2 2 2
	, FL	<u> ۱۳۵۹ در</u>	<u> </u>
(b)	ELÎAJ MORA		20 20
(5)	Enter name of NEW Registered Agent and/or NEW Registered (	Office addre	<del> </del>
			ق <del>ب</del>
	4910 NW 7944 ave #103		·· +
	NEW Registered Office Address:		<del>-</del>
	DORAL, FL 33166	<del></del>	
	,		
	, FL_		
change agent w was/we the artic	or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liab treatition or the operating agreement of the liab tree authorized by an affirmative vote of the members of cless of organization or the operating agreement of the liab tree of a florida limited liab tree of a florida limited liab tree of a florida limited liab tree of a florida liab tree of a f	egistered onlity composite the limited liab	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
I herel provision the obli- to merc notified	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflectly change in the registered office address, I he him writing of this change.	e to act in	this canacity. I further agree to comply with the
	Division of Corporations ◆ P.O. B	ox 6327•	Taliahassee, FL 32314

FILING FEE: \$25.00