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## COVER LETTER

TO:	Registration Section Division of Corporations		A .				
CHDI	REY MANAGEMENT SERVICES	LLC					
SUBJECT: Name of Limited Liability Company							
Dear S	Sir or Madam:						
The er	nclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to the	following:				
LOVE	TTE DOBSON						
	Name of Person						
INCF	LE.COM LLC						
	Firm/Company		<del></del>				
17350	STATE HWY 249 STE 220						
	Address		<del></del>				
HOUS	STON, TX 77064						
	City/State and Zip Code						
EFILI	E1234@INCFILE.COM						
	E-mail address: (to be used for future an	nual report noti	fication)				
For fe	orther information concerning this matter	, please call:					
LOVI	ETTE DOBSON	888 at (	462-3453				
	Name of Person		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 followin	g amount:					
	■ \$25 Filing Fee	<b>-</b> :	\$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.	Name of the limited liability company: REY MANAG	EMENT SER	VICES LLC			
2. (a	ı)	(b)				
_ (	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)	Ma	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	1107 SOUTHEAST 14 TERRACE		1107 SOUTE	HEAST 14 TERRA	CE	
	DEERFIELD BEACH, FL 33441		DEERFIELU	D BEACH, FL 334	41	
	09/18/2019	I,	.1900023553.	5		
3.	Date of filing/registration in Florida	4.	Г	Document number	r	
5 (	۵)					
5. (	Registered Agent and Registered Office shown on the records	of the Florida	Dent. of State:			
	SELENA REYES	, 01 1110 1 101104	o cp. i o court.			
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	<del></del>			
	1107 SE 14 TERRACE					
	DEERFIELD BEACH	22441	<del></del>	Ë	2021	
	DEERRIELD BEACH	FL		<u> </u>		
				17.	12 AVI 1203	• • •
(t	·	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	Effect flame of NEW Registered Agent and/or NEW Register	reu Omce add	155.		<u> </u>	-
	LEGALINC CORPORATE SERVICES INC.			era, FLORIDA	PM 12: 1	•
	NEW Registered Office Address:			A	_	
	5237 SUMMERLIN COMMONS SUITE 400					
	FORT MYERS	FL				
chan agen was/	e limited liability company is not organized under the ge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member	the registered I liability cor rs of the limi	l office and b npany, it is b ted liability	the business offic hereby confirmed company or as ot	e of the	e registered le change(s)
the a	rticles of organization or the operating agreement of t		•			
Sio	nature of a member or authorized representative of a member	ROL.	ANDO REYE	eS Printed or typed name	6 ai a	
		aayaa to aat i			~	
prov the o to m	reby accept the appointment as registered agent and a isions of all statutes relative to the proper and comple bligations of my position as registered agent as provierely reflect a change in the registered office address, ied in writing of this change	agree to act t ete performa ided for in C I hereby coi	n this capac nce of my du hapter 605, , ifirm that th	suv. I juriner agr itles, and I am fai F.S. Or, if this do e limited liability	ee to co miliar v ocumer compo	omply with the with and accept it is being filed iny has been
Sign	ature of Registered Agent					