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(Requestor's Name)						
(Address)						
(Ad	dress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
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COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	Humberto & Associates LLC	Humberto & Associates LLC					
	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Offic	ce Change and f	ee(s) are submitted for filing.				
Please	return all correspondence concerning this	s matter to the fo	ollowing:				
Humb	perto Echeverria						
	Name of Person		_				
Humb	perto & Associates LLC						
	Firm/Company		_				
5051	NE 13 Ave						
	Address		_				
Oakla	and Park FL 33334						
	City/State and Zip Code		_				
info@	browardcountyfence.com						
F	-mail address: (to be used for future annu	ial report notific	ration)				
For fur	ther information concerning this matter,	please call:					
Brian	Anderson	754 at (234-9559				
	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	Reg Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314				
	Enclosed is a check for the following amount:						
	☑ \$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.

1. N	ame of the limited liability company: Humberto & A	Associ	ates LLC	· · · · · · · · · · · · · · · · · · ·		
	Principal office address of limited liability company:		b)		<u>. </u>	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Ν	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	5051 NE 13 Ave		5051 NE	13 Ave	_	
	Oakland Park FL 33334		Oakland	Park FL 33334		
	9/19/2019		L1900023	7440		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a))					
	Registered Agent and Registered Office shown on the records of	the Flori	la Dept. of State	:		
	Brian Anderson					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	5051 NE 13 Ave					
	Oakland Park . FI	33334	1		2019 (·
(b)					, .	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:		5	
	Humberto Echeverria				P1:12:	ا. ع
	NEW Registered Office Address:				: 21	
	5051 NE 13 Ave					
	Oakland Park, FI	33334	1			
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ws of th f the reg iability of of the li	e State of Flo sistered office company, it is mited liability	and the business off hereby confirmed the company or as other	fice of the hat the cha	registered ange(s)
	Ri Clel		ian Anders	. ,		
Signa	attire of a member or authorized representative of a member			Printed or typed name o	t'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 infurfiing of this change.

Signature of Registered Agent