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(((H22000349092 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : 120220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

**Enter the	email addres	s for this	business	entity	to be	used for	future
annual	report mail:	ings. Ente	r only one	e email	addres	s please.	**

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LLC REGISTERED AGENT CHANGE CGIPERU L.L.C.

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COVER LETTER

(((H22000349092 3)))

CO: Registration Section Division of Corporations		
CGIPERU L.L.C.		
Nam	ne of Limited I	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ice Change and	d fee(s) are submitted for filing.
Please return all correspondence concerning the		
		•
OVELLE DORSON		
Name of Person		
NCFILE.COM LLC		
Firm/Company		
17350 STATE HWY 249 #220		
Address		
HOUSTON, TEXAS 77064		
City/State and Zip Code		
EFILE1234@INCFILE.COM		
E-mail address: (to be used for future and	nual report not	ification)
For further information concerning this matter	, please call:	
LOVETTE 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 following	g amount:	
■ \$25 Filing Fee	0	\$55 Filing Fee & Certified Copy
INHS18 (2/14)		(((H22000349092 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H22000349092 3)))

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.

		'	(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1200 NW 186TH ST MIAMI GARDENS, FL 33169 09/19/2019		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 1200 NW 186TH ST MIAMI GARDENS, FL 33169 L19000237754			
	Date of filing/registration in Florida	4.		Document number		
. (a)						
, ,	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of St	atc:		
	BOISSON FINANCIAL SERVICE			<u></u>		
	Registered Office Address 20310 NE 14TH AVE	ADDRE.	<u>22)</u>	_		
	MIAMI, F	33179		202		
	·			AF 2022 OCT STOKET FALLAHE		
(b)	Enter name of NEW Registered Agent and/or NEW Registere	000	-delament			
	Enter name of NEW Registered Agent and/or NEW Registere	1 Onice	1941 533.			
	BOISSON FINANCIAL SERVICES LLC			AM 10:		
	NEW Registered Office Address:					
	20310 Ne 14th Ave			29		
	Miami . F	33179 L				
hangi igent ivas/w he art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	registe ability of the li limited	ered office a company, it mited liabil	ind the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in impany.		
•	iture of a member or authorized representative of a member			Printed or typed name of signee		
I here	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address. I	ree to a	ct in this ca mance of m	pacity. I further agree to comply with the y duties, and I am familiar with and accep		