LIACO 250 265

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(Address)				
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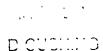


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RA Chang



COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	PTR Services, LLC				
	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning this n	matter to the following:			
Lazar	o Emanuel Barcena del Canals				
	Name of Person				
PTR S	Services, LLC				
	Firm/Company				
10812	2 SW 224th TER				
	Address				
Miami	i, Florida 33170				
	City/State and Zip Code				
bar	zanalazava@amail.com	2			
E	zena Lazaro pana. L. com lemail address: (to be used for future annual	report notification)			
For tur	ther information concerning this matter, ple	ease call:			
Lazar	o Emanuel Barcena del Canals	305 834-2859			
	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 amount:					
	■ S25 Filing Fee	S55 Filing Fee & Certified Copy			
INHS18	3 (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: PTR Services	s, LLC			
2. (a)	BARCENA, LAZARO E	(b) BAF	(b) BARCENA, LAZARO E Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 10812 SW 224th TER Miami FL 33170		
- (-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				
	10812 SW 224th TER	1081			
	Miami FL 33170	Miam			
	10/07/2019	L1900	0252265		
3. 5. (a)	Date of filing/registration in Florida BARCENA, LAZARO E	4.	Document number		
J. (a)	Registered Agent and Registered Office shown on the records of 10812 SW 224th TER	the Florida Dept. of	State:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	Miami , FI	33170	<u> </u>		
(b)	Lazaro Emanuel Barcena del Canals		19		
	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:	19 H31 25		
	NEW Registered Office Address:				
	10812 SW 224th TER		T':12: 0°		
	Miami , FI	_33170	-u		
the cha agent was/w	imited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the registered o lability company, of the limited lial climited liability	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in		
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee		
provis the ob to mer	hy 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 provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act in this e performance of ed for in Chapter hereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or. if this document is being filed hat the limited liability company has been		
Signati	ire of Registered Agent				

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