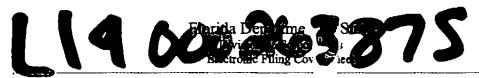
To: 18506176381 From: 14693173436 Date: 12/24/20 Time: 10:46 AM Page: 01/02



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : IZ0180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_\_

## LLC REGISTERED AGENT CHANGE MINDORA SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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## 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.

()			(b)	Mailing address			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				of limited liability of BE POST OFFICE		
	7925 NW 12TH ST 109			7925 NW 12TH ST 109			
	DORAL, FL 33126			DORAL, FL 33126			
	10/21/2019		i	.19000263875			
	Date of filing/registration in Florida	4.	_	Document nu	ımber		
(a)							
-,	Registered Agent and Registered Office shown on the records	of the Flori	da i	Dept. of State:		20	
	ENRIQUE D OLMEDO				<b>2</b> 6	20 [	
	Registered Office Address (MUST BE FLORIDA STREE	TADDRE	5.5)		•	2020 DEC	4
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)	Enter name of NEW Registered Agent and/or NEW Register				<u> </u>	ώ	4
	Enter name of NEW Registered Agent and/or NEW Registe	red Office s	ıdd	ress:	· == 2	<u>,                                    </u>	
	LEGALINC CORPORATE SERVICES INC.						
	NEW Registered Office Address:			<del></del>			
	5237 SUMMERLIN COMMONS BLVD, SUITE 400						
	FORT MYERS.	FL					
	imited liability company is not organized under the	laws of th	ic S	d office and the business	s office of the re	gister	cd
igo it v /w/ arti	or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited the authorized by an affirmative vote of the membericles of organization or the operating agreement of the street of th	l liability or rs of the li	con mi	ted liability company or	irmed that the cl as otherwise pr	nange ovide	d in
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Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00

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