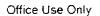
## L19000268665

(Requ	uestor's Name)				
(Addr	ess)				
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— (City/	State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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## **COVER LETTER**

TO: Registration Section , Division of Corporations	
SUBJECT: UNITED JUVESTHEN	
Name of Limited Li	ability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and	fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the f	following:
MARY GUTTEMET.  Name of Person	_
UNITED JUVESTHENT, 11C	
7950 NW 53 STREET #3	337 39 80 80 80 80 80 80 80 80 80 80 80 80 80
PLIANT F(. 33166 City/State and Zip Code	26 Pm
United invest us a legmail win  E-mail address: (to be used for future annual report notific	Eation)
For further information concerning this matter, please call:	,
Name of Person at (305)	748 0501 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 amount:	
\$25 Filing Fee  \$5:	5 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 ubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

. Na	me of the limited liability company: <u>()() + TEO</u>	JUL	ESTHENT, 11	e.
	7950 NW 63 STREET #337	(b)	POBOX 72033	32
(u) .	Principal office address of limited liability company:	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	(Note: MUST BE STREET ADDRESS)		•	33/72
	LUANT R1. 33/66		portes pe	<i></i>
	10/28/2019		L 190002686	66
<b>:</b> .	Date of filing/registration in Florida	4.	Document nu	mber
i. (a)	HAMY GOFFERREZ			
	Registered Agent and Registered Office shown on the records of the Registered Office Address  (MUST BE FLORIDA STREET ADDRESS		ept. of State:	ž
	7950 NW 53 STREET #337			St C 19 N
	MiApet FL_	33/1	06	IGN DE NOV 26
(b)	Enter name of NEW Registered Agent and/or NEW Registered (	_	VALENCIA)	PH CONC.
	1950 NW 53 STREET #3	_		GRATIONS
	NEW Registered Office Address.			
	MtAMI ,FL	<u> 331</u>	66	
hange igent was/we he arti <u>HK</u> Signat	mited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabere of a member or authorized representative of a member by accept the appointment as registered agent and agree	registered pility com the limite imited lia	office and the business pany, it is hereby confired liability company or bility company.  M. GOTTEM.  Printed or types	office of the registered rmed that the change(s) as otherwise provided in  Change of signee
rovisi he obl o merc iotified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I had a writing of this change.  List Value a	erjorman for in Ch ereby con	ce of my auties, and Fa apter 605, F.S. Or, if th firm that the limited liab	m jamular with and accept his document is being filed bility company has been

Signature of Registered Agent