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COVER LETTER

TO: **Registration Section Division of Corporations**

God bless you DHF, LLC SUBJECT:

Name of Limited Liability 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 following.

Name of Person Bloss You DHF LLC Firm/Company 2.250 Savanah Blud Address FL. 32780 _____ godblessyoudhf@gmail.com

mail address. (to be used for future annual report notification)

For further information concerning this matter, please call

linny Santos

at (<u>3Z/) 440 - 9710</u> n Area Code & Daytime Telephone Number

Mailing Address: **Registration Section** Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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<u>Street Address:</u> **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

B \$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.

Name of the limited liability company: <u>God 1</u>	Yess VW DHF, LLC	
	:796 (b) IUI Broad St. T. tusuilla Fi	7 <u>.37</u> 7: :
<u> 1/00 - 04 - 2019</u> Date of filing/registration in Florida	219000274973	
(a) Jinny Santos	4. Document number	
Registered Agent and Registered Office shown on the record	is of the Florida Dept. of State	
2250 Savanah Blud Registered Office Address <u>(MUST BE FLORIDA STRE</u>	EET ADDRESS)	
Titusuille	FL 32.780	
(b) Juan Carlos Jurado		
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	ered Office address	
2250 Savannah Blud		
NEW Registered Office Address		
Titussille	.FL_32770	
ange of changes are made, the Florida street address of ent will be identical. Or, in the case of a Florida limite		d 5)
Signature of a member or authorized representative of a member	Jinny Santos Printed or typed name of signee	·····
hereby accept the appointment as registered agent and ovisions of all statutes relative to the proper and comp c oblegations of my position as registered agent as prov merely reflect a change in the registered office address tified in writing of this change.	agree to act in this capacity. I further agree to comply with lefe performance of my duties, and I am familiar with and ac vided for in Chapter 605, F.S. Or, if this document is being s. Thereby confirm that the limited liability company has bee	~~~nt
gnature of Registered Agent		

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