fida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H22000377705 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

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$\widetilde{\Omega}$	an	nual	report	t mailin	gs.	Enter	only	one	email	add	res	s ple	ase.	* *

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LLC REGISTERED AGENT CHANGE TEXA HOLDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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A. LUNE

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COVER LETTER

TEXA HOLDINGS LLC		
SUBJECT: Na	me of Limited L	iability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to the	following:
LOVETTE DOBSON		
Name of Person	,	
INCFILE.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 ar	inual report noti	fication)
For further information concerning this matte	r, please call:	
LOVEITE 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	ng amount:	
■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy
INHS18 (2/14)		(((H22000377705 3))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H22000377705 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.

2. (a)			(b)			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of lim (Note: MAY BE PO	ited liability company: OST OFFICE BOX)	
	10432 CHORLTON CIRCLE		10432 CHORLTON CIRCLE			
	ORLANDO, FL 32832	_	ORLAN	IDO, FL 32832		
	11/08/2019		L1900027	78979		
3.	Date of filing/registration in Florida	4.		Document number	:r	
5. (a)	Registered Agent and Registered Office shown on the records of					
	_	it the Flor	ida Dept. of S	State:		
	LEGALINC CORPORATE SERVICES INC.					
	Registered Office Address (MUST BE FLORIDA STREE) 476 RIVERSIDE AVE.	T ADDRE	<u>(SS)</u>		2022 A	
	JACKSONVILLE , F	L_32202			2022 NOV - 4	
(b)		-111-	<u> </u>			
	Enter name of NEW Registered Agent and/or NEW Register	ed Office	address:		REAL SALES	
	Heribeno Rodriguez				27	
	NEW Registered Office Address:					
	10432 Chorlton Cir					
	Orlando	32832				
chang agent was/v the ar	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the company of th	ic regist liability of the l e limite	ered office company, i imited liab	and the business offi it is hereby confirme ility company or as c company. driguez	d that the change(s) otherwise provided in	
_	ature of a member or authorized representative of a member			Printed or typed nan	-	
provis the ob to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complet oligations of my position as registered agent as provid rely reflect a change in the registered office address, and in writing of this change.	p nortor	mance of n	nv duties, and Lam to	amiliar with and accer	
, 1"						