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(Requestor's Name)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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COVER LETTER

TO:	Registration Section Division of Corporations	÷						
	REKON ENFORCEMENT AGENCY	', LLC						
SUBJE	CCT:	Name of Limited Liability Company						
Dear Si	ir or Madam:							
The end	closed Registered Agent/Registered Offic	e Change and f	ce(s) are submitted for filing.					
Please	return all correspondence concerning this	matter to the fo	ollowing:					
JAVIER	R CARMONA							
	Name of Person		_					
	Firm/Company		_					
12748 (Oulton Circle							
	Address		<u>-</u>					
Orlande	o, Florida 32832							
	City/State and Zip Code							
javier.c	armonasanchez@gmail.com							
Е	-mail address: (to be used for future annu	al report notific	ration)					
For fur	ther information concerning this matter,	olease call:						
Javier C	Carmona	407 at (463-1962					
	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	amount:						
■ \$25 Filing Fee □ \$5			5 Filing Fee & Certified Copy					

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.

L. Na	ame of the limited liability company:	CEMENT A	GENCY, LL	C
2. (a)	2350 Rambling Oaks Way, Kissimmee, FL 34746	(b) ²	2350 Ramblii	ng Oaks Way, Kissmmee, FL 34746
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			ling address of limited liability company: Nate: MAY BE POST OFFICE BOX)
	11/19/2019	1.1	9000287045	
3.	Date of filing/registration in Florida	4.	De	ocument number
5. (a)				
	Registered Agent and Registered Office shown on the records of			
				2
	Registered Office Address (MUST BE FLORIDA STREET). 12748 Oulton Circle	<u>ADDRENS)</u>		ንናንቦ OCT 20
				<u>, , , , , , , , , , , , , , , , , , , </u>
(b)	Orlando, FL	32832		20
	EDWIN VELEZ JR.			PH
	Enter name of NEW Registered Agent and/or NEW Registered	LOSG an addre		· · · · ·
	finet faine of the w Registered Agent and/of the w Registered	Connect addre	<u>.33</u> .	<u>-</u> 3
	NEW Registered Office Address:			
	2350 Rambling Oaks Way			
	Kissimmee	34746 		
change agent v was/w	imited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lizere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	registered ability comp of the limite limited liab	office and the pany, it is he disability compa	he business office of the registered ereby confirmed that the change(s) ompany or as otherwise provided in any.
		R CARMON	· · · · · · · · · · · · · · · · · · ·	
_	iture of a member or authorized representative of a member			rinted or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect acchange in the registered office address, I i d in writing of this change.	performane d för in Che	e of my dut apter 605. F	ies, and I am familiar with and accept 'S. Or, if this document is being filed
Signatu	ire of Resistered Agent			
	/(

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