

L19000 290 121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

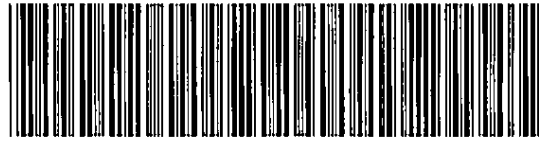
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 APR -5 PM 4:00

Re Change

APR 16 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORERO FAMILY INVESTMENTS LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE VILLAR

Name of Person

JOSE A. VILLAR CPA, P.A.

Firm/Company

3850 SW 87 AVE STE 301

Address

MIAMI, FL 33165

City/State and Zip Code

JVILLAR@VILLARCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE VILLAR

at (305) 448-1648

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

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

20 APR -6 PM 4:00

FILED
STATE DEPT OF STATE
CORPORATION DIVISION

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.

1. Name of the limited liability company: FORERO FAMILY INVESTMENTS LLC

2. (a) <u>Principal office address of limited liability company:</u> <i>(Note: MUST BE STREET ADDRESS)</i>	(b) <u>Mailing address of limited liability company:</u> <i>(Note: MAY BE POST OFFICE BOX)</i>
<u>3750 GALT OCEAN DRIVE 706</u>	<u>3750 GALT OCEAN DRIVE 706</u>
<u>FORT LAUDERDALE, FL 33308</u>	<u>FORT LAUDERDALE, FL 33308</u>

3. <u>11/22/2019</u> Date of filing/registration in Florida	4. <u>L19000290121</u> Document number
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5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
HISPANIC FINANCIAL TAX SERVICES INC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
7401 WILES RD 126

CORAL SPRINGS, FL 33067

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:


JOSE A. VILLAR CPA, P.A.

NEW Registered Office Address:
3850 SW 87 AVE STE 301

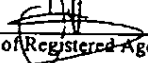
MIAMI, FL 33165

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 20 APR - 6 PM 4: 00

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

 _____ Signature of a member or authorized representative of a member	<u>Mario Forero</u> _____ Printed or typed name of signee
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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



 Signature of Registered Agent

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