

(Requestor's Name)							
(Address)							
(Address)							
(C): (C): 1 (C):							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Speciał Instructions to Filing Officer:							

Office Use Only



400355794794

10/02/20--01004--023 **25.00

R :VHTE JAN 1.. 2021

COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations	
SUBJE	CAMINOS & COMPANY LLC	
		nited Liability Company
Dear S	Sir or Madam:	
The en	nclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
	return all correspondence concerning this matter	
VERO	NICA CAMINOS	. •
	Name of Person	· · ·
CAMII	NOS & COMPANY LLC	
	Firm/Company	
1736 E	SPANOLA DR	
	Address	
MIAM	II FL 33133	
	City/State and Zip Code	
vcamir	nosarq@gmail.com	
E	E-mail address: (to be used for future annual repor	t notification)
For fu	rther information concerning this matter, please c	all:
VERO	NICA CAMINOS 78	6 399-1436
_	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

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. Na	ame of the limited liability company: CAMINOS & CO	OMPAN	Y LLC	, · · · · · · · · · · · · · · · · · · ·		
2. (a)	1736 ESPANOLA DR		(b) 1736 ESPA	ANOLA DR		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	MIAMI, FL 33133		MIAMI, FI	_33133		
						
	01/03/2020		L200000106	40		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	LEGALINC CORPORATE SERVICES INC.					
3. (a)	Registered Agent and Registered Office shown on the records of 5237 SUMMERLIN COMMONS	- ::				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SS)	-		
	SUITE 400					
	FORT MYERS	, 33907		•	***	
	, r.	L		-		
(b)	VERONICA CAMINOS			<u>.</u>	i i i	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			·	*	
					да 1 1 - рад 1 1 - мини	
	NEW Registered Office Address:			-	-	
	1736 ESPANOLA DR			_		
	MIAMI , F	L <u>33133</u>		_		
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registe iability of the li e limited	ered office and company, it is mited liability	d the business office is hereby confirmed the company or as other apany.	of the registered at the change(s)	
Signa	ture of a member or authorized representative of a member		<u>-</u>	Printed or typed name o	fsignee	
provisi the obi	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It is writing of this change.	ed for in	mance of my c Chapter 605	tuties, and Lam fami. F.S. Or. if this doc	uar wun ana accept ument is being filed	
Signatu	ire of Registered Agent					

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