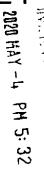
## 1200000 12615

(Requestor's i	Name)	
(Address)		
(Address)		
(City/State/Zip	/Phone #)	
PICK-UP W	AIT MAIL	
(Business Ent	ity Name)	
(Document No	ımber)	
Certified Copies Cert	ificates of Status	
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## COVER LETTER

TO:	Registration Section Division of Corporations	.·
	,e	
SUBJE	ECT: SERNA SEIL Name of L	VICES, LLC
	Name of L	imited Liability Company
Dear Si	ir or Madam:	
The end	closed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.
Please	return all correspondence concerning this matt	er to the following:
	EVOSIO SERNA	
	Name of Person	
	SERNA SERVI	CES, LLC
	Firm/Company	
Z	519 NE YIST. TERR	ACE
	Address	
H	LOMESTEAD, FL. 330	33
	City/State and Zip Code	
	zvodioserna @ att. n	ct.
Е	-mail address: (to be used for future annual rep	port notification)
For fur	ther information concerning this matter, please	eall:
1	EVODIO SERNA at (	786) 387-669 Area Code & Daytime Telephone Number
	Name of Person	Area Code & Daytime Telephone Number
	Mailing Address:	Street Address:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amou	nt:
	<b>⅓</b> \$25 Filing Fee	☐ \$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.

1. Name of the limited liability company: ら E R	
2. (a) ZSIGNE YIST. TERRACE  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) 25/9 NE 4/8 f. TEXRACE  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  HOMES TEAN, FL. 33033
JANUA/2Y 06, 2020  3. Date of filing/registration in Florida  5. (a) EVODID SERISA-RADI  Registered Agent and Registered Office shown on the records of the 2519 NE 41st. TERI	4. Document number  1 L L A SR.  e Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ALL  HOMES TEAD FL  (b) EVCDIC SERWA  Enter name of NEW Registered Agent and/or NEW Registered Office Address:  NEW Registered Office Address:	3 3 0 3 3  Office address:
HOMESTEAD .FL_  If the limited liability company is not organized under the laws change or changes are made, the Florida street address of the reagent will be identical. Or, in the case of a Florida limited liab was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the limited liab.	egistered office and the business office of the registered sility company, it is hereby confirmed that the change(s) the limited liability company or as otherwise provided in
Signature of a member or authorized representative of a member  I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pethe obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I he notified in writing of this change.	Printed or typed name of signee

Signature of Registered Agent