120000013518

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





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C. BRUMBLEY

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Cyphex Electy Name of Lim	ited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	to the following:			
Hector Moveno Ram	10 <i>S</i>			
Cyphex Electric LLC Firm/Company				
1505 Amberwood Blvd	RECEIVED			
Address	2022 JAN 24 PM 2: 13			
Kissimmee, FL 34741 City/State and Zip Code	SECRETARY OF STATE TALLAHASSEE. FL			
E-mail address: (to be used for future annual repor				
For further information concerning this matter, please ea	ıll:			
Hectox Moveno havnos at (407_) 508 - 4686 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)

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:	lectr	á <u>C</u>	LLC
2.	(a) (Principal office address of limited liability company: FL3U (Note: MUST BE STREET ADDRESS)	e (b) <u>15</u> 1741	505 A Ma	MOENWOOD BIND KISSIVMMEE alling address of limited liability company: FL 3474 (Note: MAY BE POST OFFICE BOX)
		01/07/2020	<u> </u>)((()	0013518
3.		Date of filing/registration in Florida	4.	D	ocument number
_		Hector Moverno Ramos	^		
5.	(a)	Registered Agent and Registered Office shown on the records of the	Florida Dent.	of State:	
		Registered Office Address MUST BE FLORIDA STREET ADD	ORESS)		
		11	21112021		
		13160 Heather Moss Dr	we		
		<u>Oylando</u> , FL 3	<u> </u>	<u>.7</u>	20.
					22)
	(b)				F11_2022 JAN 24
		Enter name of NEW Registered Agent and/or NEW Registered Of	fice address:		24
					₹ ITT
		NEW Registered Office Address:			ED PH 5:0:
			.		07
		1505 Amberwood Blvd	7		
		Lissimmee FL	3474	11_	
cha age wa	inge ent v s/wc	limited liability company is not organized under the laws of or changes are made, the Florida street address of the regwill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the limited of organization or the operating agreement of the limited liabilities.	gistered offi ity compan ne limited l nited liabilit	ice and t uy, it is h iability of ty compa	he business office of the registered ereby confirmed that the change(s) company or as otherwise provided in any.
		Destr Moren	tle.	ctor	Moreno rinted or typed name of signee
S	ignat	iture of a member or authorized representative of a member		P	rinted or typed name of signee
pro the to t	ovisi obli mere	by accept the appointment as registered agent and agree to the proper and complete per ligations of my position as registered agent as provided for ely reflect a change in the registered office address. I here in writing of this change.	to act in thi formance of ir in Chapte by confirm	is capaci of my du er 605, I n that the	ity. I further agree to comply with the ties, and I am familiar with and accept E.S. Or, if this document is being filed a limited liability company has been
Sig	ynatu:	re of Registered Agent			