

L20000018486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

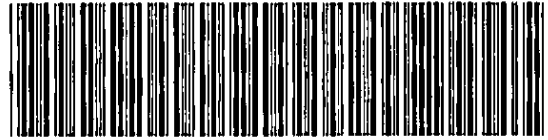
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alyos, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent Registered Office Change and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Manuel Arcevalo Gonzalez
Name of Person

Alyos, LLC
Firm Company

5945 So. University Dr.
Address

Davie, FL 33328
City, State and Zip Code

disalvosmanager1@gmail.com
Email address (to be used for future annual report notification)

For further information concerning this matter, please call:

Caroline Arcevalo Name of Person 454 Area Code & 434 1505 Distinctive 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 32305

Enclosed is a check for the following amount:

~~\$55 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 owner/LLC member/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 Alyos LLC
 at 5445 S. University Dr. Davic (b) 5445 S. University Dr.
Principal office address of limited liability company Main office address of limited liability company
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Davic, FL 33328 Davic, FL 33328

2. 03/30/2020 Date of filing registration in Florida 4 L20000018486 Document number

3. (a) Alain Rhein
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State
17 SE 24th Ave., 2nd floor
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Pompano Beach, FL 33062

(b) Manuel Arvalo Gonzalez
Enter name of NEW Registered Agent and/or NEW Registered Office address
1200 N 71st Ter
NEW Registered Office Address
Hollywood, FL 33024

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 STATE OF FLORIDA
 DEPARTMENT OF STATE

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] Authorized representative of a member Alain Rhein Printed or typed name of member

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions in 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 merely to reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Manuel AG
Signature of Registered Agent