[20000) 33/05

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J DENNIG				
AUG 1 1 2023				





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2023 JUN 29 AM II: 47

FILED
SECRETARY OF STATE

COVER LETTER

Registration Section Division of Corporations

TO:

INHS18 (2/14)

SUBJECT: Mys Hospitality Name of Limite	ventures LCC
Name of Limite	ed Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	the following:
Sebastian Barreneche Name of Person	
Name of Person	
Mus Housefailer Henters 1	10
My S Hospitality Ventures (
(2)	
6715 NE MIAMI PL, MIAM	<u> </u>
Address	
MIGMI FL 33138 City/State and Zip Code	
City/State and Zip Code	
Seba Stran a we has toyoup.	com
E-mail address: (to be used for future annual report r	otification)
For further information concerning this matter, please call	:
Calco Stan de La	CO8 8037
Seba Ster Balleneche at 3	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 amount:	
S25 Filing Fee	3 \$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.	Name of the limited liability company: YY S HOS PIXAL	iity	(swtws)	UC	
2. (•	S NE M		
 . (1	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Ma	iling address of limit	ed liability con	
	Miami EL 23138	Mic	mi IL	3313	γ
		*	<u>'</u>	 -	
			·		
	1/27/7020	(700	0000 3710	05	
3.	Date of filing/registration in Florida 4.		ocument number		
5. ((a) Barreneche, Sebastian				
٠. ١	Registered Agent and Registered Office shown on the records of the Florida Dept.	i, of State:		2023	3.5
	1200 Brickell hay Dr 1524			2023 JUN 29	4名
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			¥ 29	PARTE
					900 7
	Mami , FL 3313	٦,		AM 11: 47	.S. L.S.
		21			7 <u>1</u>
((b) sobasticy Barreneche			7	.5
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	,			-•
	1715 NE Micanai 21				
	6715 NE MICHI PL				
	Negistered Office Address.				
	Miawi FI 3313	¬			
		<u> </u>			
If th	he limited liability company is not organized under the laws of the State ange or changes are made, the Florida street address of the registered offi	e of Flori	ida, it is hereby co	onfirmed tha	t after the
agei	ent will be identical. Or, in the case of a Florida limited liability compan	ny, it is h	iereby confirmed	that the chai	nge(s)
was	s/were authorized by an affirmative vote of the members of the limited li- articles of organization of the operating agreement of the limited liability	liability o ity comp:	company or as oth any.	nerwise prov	ided in
	· // // · · · · · ·		•	eye che	
Si	ignature of a member of authorized representative of a member	F	rinted or typed name	of signee	
prov the to n noti	nereby accept the appointment as registered agent and agree to act in this ovisions of all statutes relative to the proper and complete performance and complete performance and complete performance and in the configuration of my position as registered agent as provided for in Chapte merely reflect a change in the registered office address. I hereby confirmatified in writing of this change.	his capac of my du ter 605, I m that the	ity. I further agre ties, and I am fan F.S. Or, if this do e limited liability	ze to comply niliar with a ocument is be company ha	with the nd accept viny filed s been
Sign	mature of Registered Agent				
	Division of Corporations P.O. Box 6327 ■ Ta	allahasse	ee, FL 32314		

FILING FEE: \$25.00

INHS18 (2/14)