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(Requestor's Name)						
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(Business Entity Name)						
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TO: Registration Section Division of Corporations

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	1 7 8		717	11,			

SUBJECT:			
	e of Limite	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offi	ce Change a	nd fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to t	he following:	
CYNTHIA DAVIES			
Name of Person			
Cindy's Florida LLC			
Firm/Company			
6601 Tennyson St NE, 12301		40	2
Address		 <u>₹</u> Ö	020
Albuquerque, NM 87111		CLAHA	2020 JUL 21
City/State and Zip Code			-
cindy@cindysfloridallc.com		<u>교원</u> 1767	11:1
E-mail address: (to be used for future annu	ual report no	otification)	÷
For further information concerning this matter.	please call:		
Cynthia Davies	308	289-1122	
	at ()	
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	
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 XI	EC MEDIA HOL			
	me of the limited liability company:			
. (47	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Suite E6			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Sarasota, FL 34243	_		
	January 28, 2020		L2000003.	3790
3. 5. (a)	Date of filing/registration in Florida Danilo De Lira Cortazio	- 4.	· -	Document number
1	Registered Agent and Registered Office shown on the records of a 2423 SW 147th Avenue	he Florida	Dept, of Stat	- c:
	Registered Office Address (MUST BE FLORIDA STREET A	_		
	Miami	33185		2020 SECTA
				P 1 21 21 21 21 ALLAHA
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Cindy's Florida LLC	Office add	ress:	
	NEW Registered Office Address: 8051 Tamiami Trail, Suite E6			
	Sarasota, FL	34243		_
:hange igent w vas/we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered bility cor f the limi limited li	l office an npany, it i. ted liabilit	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee
provisio he obli o mere	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I h in writing of this change.	e to act (performa I for in C. ereby col	n this cap uce of my lapter 605 ifirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been
Signatur	e of Registered Agent			