

Division of Corporations Electronic Filing Cover Sheet

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Account Number : I20160000048

Account Number : I20160000048

Phone : (800)345-4647

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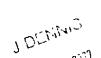
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursi subm Flori	tant to the provisions of sections 605.0114 or its the following statement in order to chanda.	605.0116, Flor ge its registere USA, LLC	rida ed o	Statutes, the office or reg	e undersigned limited liability company sistered agent, or both, in the State of	
1. N	ame of the Limited Liability Company:	J D7 1, 223				
2. (a) Calle 36, Ave 5 Bis, 350 Mts Norte Toyota (b) PO Box 7					7423	
. (-	Principal office address of limited liability cor (Note: MUST BE STREET ADDRESS	тралу:	•	M	miling address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Paseo Colon, Edificio ICA					
	San Jose 1000 CR		San Jose 1000 CR			
	2/7/2020		_	L200000	038912	
3.	Date of filing/registration in Florida	a 4.		I	Document number	
5. (a					7/2022)	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	515 EAST PARK AVENUE, 2ND FLOOR					
	Registered Office Address (MUST BE FLORIDA	STREET ADDRI	ESS.	ì		
	TALLAHASSEE	, FL_32:	3 01	1		
a.	Capitol Corporate Services, Inc.					
(0	Enter name of NEW Recistered Agent and/or NEW	Remotored Office	, add	lroce:		
	515 East Park Avenue 2nd Fl	<u> </u>				
	NEW Registered Office Address:					
	Tallahanana	22'	20.			
	Tallahassee	, FL_323	30	<u> </u>		
the clagent was/v	limited liability company is not organized unchange or changes are made, the Florida street a will be identical. Or, in the case of a Florida were authorized by an affirmative vote of the nuticles of organization or the operating agreements	iddress of the re limited liability nembers of the	egis y co lim	tered office mpany, it is ited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
	Pavid Baghdassarian appropriate of a men		Da	ıvid Baghda		
Sign	spure of a member or authorized representative of a men	iber			Printed or typed name of signec	
nouji	eby accept the appointment as registered ager sions of all statutes relative to the proper and bligations of my position as registered agent a trely reflect a change in the registered office a ed in writing of this change.	it and agree to complete perfo s provided for daress, I hereb	act in (y co	in this capa ance of my d Chapter 605, onfirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	
<u>3</u> ,	in- Parleti				t Secretary on	
Signa	ture of Registered Agent	behalf of Ca	api	tol Corpor	rate Services, Inc.	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: S25.00