

L20 000039589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

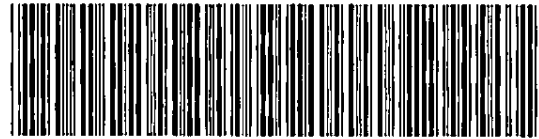
(Business Entity Name)

(Document Number)

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CORPORATIONS  
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Moon Lit Temple  
Name of Limited 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:

Diana Gilles  
Name of Person

Moon Lit Temple  
Firm/Company

871 NE 195<sup>th</sup> St Apt. 405  
Address

Miami, FL 33179  
City/State and Zip Code

Diana.Gillesco@mymlc.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diana Gilles at ( 786 ) 539 - 8849  
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

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STATE OF FLORIDA  
DIVISION OF CORPORATIONS

**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: Moon Lit Temple
2. (a) Moon Lit Temple  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
2292 SW 2nd Ave  
Miramar, FL, 33025  
2/2/20
- (b) Moon Lit Temple  
(New) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
18640 NW 2nd Ave  
Miami, FL, 33162  
P.O. BOX 645149  
L200000391589
3. Date of filing/registration in Florida 4. Document number

5. (a) Tyana Saillant  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2292 SW 2nd Ave  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Miramar, FL 33025

- (b) Diana Gilles  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

817 NE 195<sup>th</sup> St  
**NEW** Registered Office Address:

Suite 405

Miami, FL 33179

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DIVISION OF CORPORATIONS  
STATE OF FLORIDA

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]  
Signature of a member or authorized representative of a member

Diana Gilles  
Printed or typed name of signee

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

[Signature]  
Signature of Registered Agent