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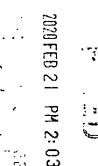
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PABIO PICA PIODRAS 11C. 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:
PABLO TUANTEL MADRID. Name of Person PABLO POCA PIEDRAS . IIC.
Firm/Company 4720 ESCOBAL AVENJE APT 11814 Address
Naples Forida 34103 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PAZIO JUNES HARAND 239 529 8008 - Name of Person Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

□∕\$25 Filing Fee

Enclosed is a check for the following amount:

\$55 Filing Fee & Certified Copy

Tallahassee, FL 32303

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,

			-	•
	DARIO S	COA Pie	edias le.	
1. No				
2. (a)	4720 ISCOBAR AVENUE	_ (b)	4720 ESCOE	- 10000
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited (Note: MAY BE POS)	, , ,
	8	8		
	papes & 34103	 انهام	Ples /2 34/03	
	FEBRUARY 05, 2020.		1900001	0071
3.	Date of filing/registration in Florida	- <u> </u>	L20000 4 Document number	22/1
		4.	Document named	
5. (a)	Registered Agent and Registered Office shown on the records of the	ha Flarida Dant, af S	Tata	
	, h	te Florida Dept. of 3	itate.	
	4720 ESCOBAR AVE	NJE	<u> </u>	
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDKESS)</u>		
				7
	Naples .fl	34103	<u>></u> -	9201
(b)	Zulga Antelo		•	2020 FEB 21
(0)	Enter name of NEW Registered Agent and/or NEW Registered (Office address:	-	- 11
			~ '\	PH 2: 03
	4720 [500 BAIR AVE.	<u>Upt</u>	<u>&</u> "	2: (
	NEW Registered Office Address:	1 5		Till W
	Naples Morida 3	14100	<u></u>	
	Nables FI	34103		
	1			
	imited liability company is not organized under the law or changes are made, the Florida street address of the r			
agent v	vill be identical. Or, in the case of a Florida limited liab	bility company, it	t is hereby confirmed th	nat the change(s)
was/wc	ere authorized by an affirmative vote of the members of	the limited liahi	lity company or as othe	rwise provided in

the articles of organization or the operating agreement of the limited liability company.

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 of Registered Agent