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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Fax Number : (561)214-8442

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LLC REGISTERED AGENT CHANGE **CURTIS LOUIS ENTERPRISES, LLC**

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APR 1 mms

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.

. Na	ame of the limited liability company:	ENTERPRIS	ES, LLC				
. (a)	18909 NE 29TH AVE	(b) 18909 NE 29TH AVE					
. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		g address of te: MAYBE			
	AVENTURA, FL 33180	<i>-</i>	VENTURA, I	FL 33180			
	02/05/2020	1,20	D000XH2772				
(a)	Date of filing/registration in Florida BANNAN, COURTNEY	4.	Doct	ument nun	iber		
. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 18909 NE 29TH AVE						
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS _I					
	AVENTURA , FL	33180					
(b)	Corporate Creations Network Inc.			,		21 /	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					APR 12	
	801 US Highway 1 NEW Registered Office Address:			:	SECTION OF THE SECTIO	H 72: 2	
	North Palm Beach , FL	33408		•	-	?7	
hange gent /as/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited licere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	ws of the State registered of the limite	office and the bany, it is here d liability cor	business of eby confiring npany or a	ornce or a	the ch	gistered ange(s)
	aitlin Lazarus		Lazarus, Attor				
Signa	iture of a member or authorized representative of a member		Prin	ted or typed	name of sig	gnee	
rovis 1e ob 1 mer	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I h d'in writing of this change.	ree to act in performanc d for in Cha hereby confi	this capacity. To of my dutie. Opter 605, F.S Irm that the li	. I further s, and I an i. Or, if thi imited liab	agree to 1 familian is docum ility com	compler with ent is a pany h	ly with the and acce being filed as been
	aitlin Lazarus, Special Se	ecretary					
Signati	ure of Registered Agent						