LZO 0000 79562

(Red	questor's Name)	_					
(Add	dress)	_					
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(City	y/State/Zip/Phone #)						
PICK-UP	WAIT MAIL						
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(Document Number)							
Certified Copies	_ Certificates of Status	_					
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J. 51. 81. 1777

R. WHATE.

COVER LETTER

	gistration Section vision of Corporations					
SUBJECT	CARLOS HERNANDEZ LLI	С				
	Name of Limited Liability Company					
Dear Sir o	r Madam:					
The enclos	sed Registered Agent/Registere	d Office Change an	d fee(s) are submitted for filing.			
Please retu	irn all correspondence concern	ing this matter to the	e following:			
CARLOS	HERNANDEZ					
	Name of Person					
CARLOS	HERNANDEZ LLC					
	Firm/Company					
2423 SW	147 AVE, No 204					
	Address	-				
MIAMI, FL	. 33185					
	City/State and Zip C	ode				
Hernande	zCarlosLLC@gmail.com					
E-ma	ail address: (to be used for futu	re annual report not	ification)			
For further	r information concerning this n	natter, please call:				
CARLOS	HERNANDEZ	239 at (9610-685			
	Name of Person	(Area Code & Daytime Telephone Number			
Re Di P.	egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Er	nclosed is a check for the follo	owing amount:				
	\$25 Filing Fee	٥	\$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.

. (a)	23 SW 147 AVE, No 204, MIAMI FL 33185		2423 SW 147 AVE, No 204, MIAMI FL 33185			
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POST	. , ,	
	03/11/2020	 -	L2000	0079562		
•	Date of filing/registration in Florida	4.		Document number		
. (a)	CARLOS A HERNANDEZ Registered Agent and Registered Office shown on the records	of the Flori	da Dont is	f State:		
	Registered Agent and Registered Villee shown on the records	or the From	da Dept. o	i State.		
	Registered Office Address (MUST BE FLORIDA STREE	TADDRE	<u>S.S)</u>	<u> </u>		
	2423 SW 147 AVE, No 204,					
	MIAMI	33185				
		I-12			67.47	
(b)	Enter name of NEW Registered Agent and/or NEW Register			<u></u>	7	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office :	iddres <u>s</u> :		. <u></u>	
	NEW Registered Office Address:			•	<u>.</u>	
	1133 Del Prado Blo			 		
					,	
	Cape Coral,	FL33990				
hange gent v /as/we ne arti	imited liability company is not organized under the cor changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization on the operating agreement of the control of the contro	he registe liability of s of the li ne limited	red offic company mited lia l liability	e and the business office of , it is hereby confirmed the bility company or as other	of the registered at the change(s)	
Signal	ture of a member or authorized representative of a member			Printed or typed name of	signee	
·	by accept the appointment as registered agent and a ons of all statutes relative to the proper and completions of my position as registered agent as provided by reflect a change in the registered office address. I in writing of this change.	gree to a le perfori led for in I hereby	ct in this nance of Chapter confirm (capacity. I further agree my duties, and I am famil 605, F.S. Or, if this docu that the limited liability co	to comply with the iar with and accep, ment is being filed mpany has been	