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Division of Corporations

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Division of Corporations

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	istration Section sion of Corporations	OOVER	La. I Hyr		
SUBJECT:	ANTONIO ORTEGA LLC				
	Na	me of Limited	Liability Company		
Dear Sir or N	Aadam:				
The enclosed	Registered Agent/Registered Of	fice Change an	d fee(s) are submitted for filing.		
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Cheyenne	Moseley				
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Legaizoom	i.com, Inc.				
	Firm/Company		 -		
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For further in	formation concerning this matter,	please call;			
Cheyenne f	Moseley	800	773-0888 ext 9724		
	Name of Person		Area Code & Daytime Telephone Number		
Regisi Divisi Clifto 2661 J	cet/Courier address: tration Section on of Corporations in Building Executive Center Circle tassee, Florida 3230)	Re Di P.	AILING ADDRESS: registration Section vision of Corporations D. Box 6327 Illahussee, Florida 32314		
Enclo	Enclosed is a check for the following amount:				
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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

1. N	ame of the limited liability company: ANTONIO	ORTEGA	A LLC	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	· (·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	8958 W State Rd 84, #119		8958 V	/ State Rd 84, #119
	Davie, FL 33324		Davie,	FL 33324
	03/12/2020		L200000	180427
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
<i>⊒.</i> (4)	Registered Agent and Registered Office shown on the records	s of the Florid	a Deot. of Sta	
	UNITED STATES CORPORATION AGE			•
	Registered Office Address (MUST BE FLORIDA STREE			
	5575 S. SEMORAN BLVD., SUITE 36			
		FL_32822		FILET PAR 16
)	L L		
(b)				FILE R 16 RASSE
	Enter name of NEW Registered Agent and/or NEW Registe	red Office ad	dress:	6
	Antonio Ortega			D PM 2: 29 OF STATE E. FLORID
	NEW Registered Office Address:			29 ATE
	8958 W State Road 84, #119			D. C.
	Davie	FL 33324		
			-	<u>.</u>
uic cha agent-w was/we	mited liability company is not organized under the nge or changes are made, the Florida street address vill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the street of the member of the operating agreement of the street	of the regis I liability co is of the lim he limited l	stered office impany, it is ited liabiliti iability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany,
Signat	ure of a member or authorized representative of a member		onio Orte	Printed or typed name of signee
l hereb provision the obli	by accept the appointment as registered agent and a constant of all statutes relative to the proper and complete gations of my position as registered agent as proving reflect a change in the registered office address, in whiting of this change.	gie perjormi ded for in C I hereby co	ince of my Chapter 605 Infirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
	e of Registered Agent	Anto	onio Orteç	ga
~·5~mcui	a as sufficiented setting			