**Division of Corporations Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number: I20220000070

Phone

: (888)462-3453

Fax Number : (877)919-2613

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

EFILE1234@INCFILE.COM

## LLC REGISTERED AGENT CHANGE D & L BOOKS LLC

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## **COVER LETTER**

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\$11KIBI I'		
SUBJECT:N	ame of Limited I	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and	I fec(s) are submitted for filing.
Please return all correspondence concerning	this matter to the	following:
LOVETTE DOBSON		
Name of Person		<del></del>
INCFILE.COM LLC		
Firm/Company		<del></del>
17350 STATE HWY 249 STE 220		
Address		
HOUSTON, TX 77064		
City/State and Zip Code	e	<del></del>
EFILE1234@INCFILE.COM		
E-mail address: (to be used for future a	innual report not	fication)
For further information concerning this matt	er, please call:	
LOVETTE DOBSON	888 at (	462-3453
Name of Person		Area Code & Daytime Telephone Numbe
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	ing amount:	
	(-)	\$55 Filing Fee & Certified Copy

## 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)		_ {	o)		
. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, <del></del>	Mailing address of limite (Note: MAY BE POS	ed liability company:
	5302 Marisol Cove Drive		5302 Mar	isol Cove Drive	
	Katy, TX 77493		Katy, TX 77493		
	04/10/2020		1.20000101	118	
	Date of filing/registration in Florida	4.		Document number	
(a)	BERTO J RICO				
(4)	Registered Agent and Registered Office shown on the record	s of the Florid	a Dept. of Sta	uc:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				202
	995 SW 84th Avenue 315				2022 NOV 300
	Miami	, FL_33144			SA SEE
(b)	REPUBLIC REGISTERED AGENT LLC  Enter name of NEW Registered Agent and/or NEW Regist	ered Office a	idress:	_	M 11: 27
	NEW Registered Office Address:			_	-
	1150 NW 72nd Ave Tower I Ste 455			_	
	Miamí	. FL <sup>33126</sup>			
ent as/w e art	limited liability company is not organized under the cor changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite tere authorized by an affirmative vote of the membericles of organization or the operating agreement of a member or authorized representative of a member or authorized representative of a member or authorized representative of a member of all statutes relative to the proper and compulingations of my position as registered agent as provedy reflect a change in the registered office address	the register d liability c ers of the lin the limited  BE	ompany, it nited liability co	is hereby confirmed ity company or as oth mpany.  Printed or typed nume	that the change(s) nerwise provided in of signee