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(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ity/State/Zip/Phone #)
	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



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2804 Gateway Oaks Drive #100 Sacramento, CA 95833 Phone (800)533-7272 Fax (800)603-5868 REFERENCE # MUST BE ON INVOICE TO BE PAID

.

NUMBER PAGES:

Date:	January 19, 2023		AE:	Cori Anr	Crosthwaite
TO:	Florida Division of Corporations	4947	REFE	RENCE:	1898920
	THE CENTRE OF TALLAHASSEE				
	2415 N. MONROE STREET, SUITE 810				
	TALLAHASSEE, FL 32303				
FAX:					
PLEAS	SE PERFORM THE FOLLOWING:				
VELE	Z LEGAL PRACTICE, PLLC				
File C	hange of Registered Agent				
IN: F	L				

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PLEASE RETURN:

PLEASE CALL (800)533-7272 ATTN: Cori Ann Crosthwaite TO CONFIRM FILING RESULTS

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800)533-7272



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)		(b)	
	Principal other address of limited liability com (<u>Netr:</u> MUST RE STREET ADDRESS)	pany — — —	Multing address of limited liability company (Note: MAY BE POST OFFICE ROX)
	16795 OLIVE HILL DR	PO BO	OX 771044
	WINTER GARDEN, FL 34787	WINT	ER GARDEN, FL 34777
	05/06/2020	/06/2020 L20000	
	Date of filing registration in Florida		Document number
(1.)	Registered Agent and Registered Office shown on the r VELEZ DIAZ, AMARILLIS Registered Office Address <u>(MUST BE FLORIDA</u>) 16795 Olive Hill Dr <u>Winter Garden</u>	<u>STREET ADDRESS</u>)	2023 JAN 25
(h)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW F</u>	Registered Office address	PH 2: L
	New Registered Othle Address		
	155 Office Plaza Drive, 1st Floor		
	Taliahassee	32301	

agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Augultus Wiry Diazy Signature of a member or authorized representative of a member

Cincerelles Velez Dicez Printed or typed name of signee

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 Jamiliar with und 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

Division of Corporations+ P.O. Box 6327+ Tallahassee, FL 32314 **FILING FEE: \$25.00**