LZ000014530L

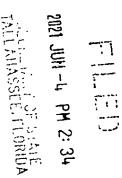
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Sasiness Emily Adme)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



600367436686

06.404/21--01015--013 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations		~		
SUBJ	Flamingo Serveies LLC				
	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The er	closed Registered Agent/Registered (Office Change an	d fee(s) are submitted for filing.		
Please	return all correspondence concerning	this matter to the	e following:		
Alexan	der Kruger-Dobrota				
	Name of Person				
Flamin	go Services				
	Firm/Company				
1717 N	Bayshore Dr A-1948				
	Address				
Miami.	FL 33132				
	City/State and Zip Code	e	<u>—</u>		
alex@f	lamingos.co				
ŀ	-mail address: (to be used for future a	annual report noti	ification)		
For fur	ther information concerning this matt	er, please call:			
Alexan	der Kruger-Dobrota	305 at (570-8896		
	Name of Person	at (Area Code & Daytime Telephone Number		
	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	ng amount:			
	■ \$25 Filing Fee		□ \$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.

2. (a)	1717 N Bayshore Dr A-1948	(b)	1717 N Bayshore Dr A-1948
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami, FL 33132		Aiami, FL 33132
	05/28/2020 1,20000		0000145306
3. 5. (a)	Date of filing/registration in Florida Alexander Kruger-Dobrota	4.	Document number
, ,	Registered Agent and Registered Office shown on the records of 1420 Bay Rd	of the Florida De	ept. of State:
	Registered Office Address (MUST BE FLORIDA STREE	2021 JUN -4	
	Miami Beach F	FL_33139	
(b)	Alexander Kruger-Dobrota		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office addres	
	1717 N Bayshore Dr A-1948		
	NEW Registered Office Address:		
	Miami , F	EL 33132	
agent w was/we the artic	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited to re authorized by an affirmative vote of the members teles of organization or the operating agreement of the	e registered o iability compa of the limited	Hice and the business office of the registered any, it is hereby confirmed that the change(s) Liability company or as otherwise provided in
AL	lex Kruger Dobrota ure of a member or authorized representative of a member		er Kruger-Dobrota
Signature of a member or authorized representative of a member		-	Printed or typed name of signee
the oblig to merel	y accept the appointment as registered agent and ag ins of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address. I in writing of this change.	ree to act in t e performance ed for in Chap hereby confir	his capacity. I further agree to comply with the e of my duties, and I am familiar with and accept over 605, F.S. Or, if this document is being filed om that the limited liability company has been

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

Alex Kruger Dobrota
Signature of Registered Agent