L20000155806

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

Office Use Only



500382731945

05/104/32~--81015---018 ★€25.6c

BRUMBLEY APR 1 1 2022

COVER LETTER

Mexizone LLC SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Paulina Salcido	
Name of Person	RECEIVED
Mexizone ELC	,2022 MAR 23 AM 10: 58
Firm/Company	SECUL: 3 AM 10: 58
246 Ucita Ave	SECRE TALLAHASSEE FI
Address	· ·
St. Augustine, FI 32084	
City/State and Zip Code	
macuca()408@hotmail.com	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, please	se call:
Paulina Salcido	(210) 384-23HV, 286-3080
Name of Person	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 amo	unt:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

1NHS18 (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

	me of the limited liability company:			de Uniter Acce		÷	
a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) _	_	dress of funited		
	St. Augustine, F1. 32084		Si	t. Augustine, Fl 320)84		
	06/08/2020		L20	0000155806			
a)	Date of filing/registration in Florida UNITED STATES CORPORATION AGENTS, INC.	- 1 .		Docume	nt number		
	Registered Agent and Registered Office shown on the records of 0 5575 S. SEMORAN BLVD.	he Flor	ida De	pt. of State:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) SUITE 36						
	ORLANDO FL	32822	2822 Jan 2022 H				
) (۱	Paulina Salcido Enter name of NEW Registered Agent and/or NEW Registered Office address:				LARASSE	2022 HAR 23 /	
	246 Ucita Ave				A Maria Maria	AM 10: 20	
	NEW Registered Office Address:				; ; ;	20	
	St. Augustine	32084					
ge t w we	mited liability company is not organized under the law or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of the operating agreement of the	/s of t regist bility f the l limite	he Sta ered c comp imited d liab	office and the busi any, it is hereby of d liability compan	iness office o confirmed th:	I the reg it the ch	gisterec ange(s
	ure of a member or vince and representative of a member				typed name of	_	
reb isio bli re	y accept the appointment as registered agent and agrobs, of all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address, I have a complete of this change.	ze to o perfor l for it ereby	ict in manc n Cha conti	this capacity. I fi ic of my duties, an pter 605, F.S. Or rm that the limite	urther agree i id Lam famili r, if this docu id liability co	to compl ar with ment is l mpany h	ly with and ac being t as bee

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