

L20000 170835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

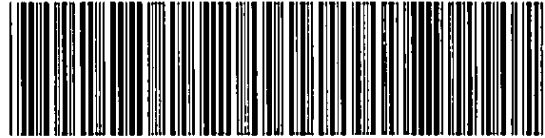
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200347394492

07/07/20--01025--019 **25.00

RECEIVED

JUL 06 2020

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUL -6 AM 7:08

FILED

n. BRUCE
AUG 19 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LATIN FLAVORS 305
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELISABETH ATIES PALOMO
Name of Person


Firm/Company

18160 NW 68 AVE APT 204 D
Address

Tallahassee / FL, 33015
City/State and Zip Code

elisabethaties2@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elisabethaties Palomo at (33015) 786-343-3538
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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

SECRETARY OF STATE
TALLAHASSEE, FL

2020 JUL -6 AM 7:08

FILED

**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.

1. Name of the limited liability company: LATIN FLAVORS 305
2. (a) 18160 NW 68 AVE APT 204B Hialeah, FL 33015 (b) 18160 NW 68 AVE APT 204B Hialeah, FL 33015
Principal office address of limited liability company: 33015 Mailing address of limited liability company: 33015
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 06/19/2020 Date of filing registration in Florida 4. L20000170835 Document number

5. (a) ELISABETH ATIES
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

18160 NW 68 AVE APT 204B
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Hialeah
_____, FL 33015

- (b) ELISABETH ATIE Palomo
Enter name of NEW Registered Agent and/or NEW Registered Office address:

18160 NW 68 AVE APT 204B
NEW Registered Office Address:
Hialeah
_____, FL 33015

FILED
2020 JUL -6 AM 7:08
SECRETARY OF STATE
TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered 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.

[Signature]
Signature of a member or authorized representative of a member

ELISABETH ATIES Palomo
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 familiar with and 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]
Signature of Registered Agent