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(City/State/Zip/Phone #)					
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COVER LETTER

Division of Corporations	
2804 N. 17th Street, LLC SUBJECT:	
Name of Li	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	nge and fec(s) are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
Melissa Horowitz	
Name of Person	
Ybor Management, LLC	
: Firm/Company	
1310 N. 22nd Street	
Address	
Tampa, Florida 33605 1	
City/State and Zip Code	
lfuente05@gmail.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Melissa Horowitz 8	549-6048
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 amoun	ıt:
■ \$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.

I. N	lame of the limited liability company: 2804 N. 17th Str	eet, Ll	.C	
2. (a)	1310 N. 22nd Street, Tampa, Florida 33605		(b) P.O. Box 5	5983, Tampa, Florida 33675
2. (2)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		!	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1310 N. 22nd Street		P.O. Box 5	983
	Tampa, Florida 33605	_	Tampa, Flo	orida 33675
	07/02/2020		L200001885	331
3.	Date of filing/registration in Florida	4.	·····	Document number
5. (a	Liana Fuente			
J. (u	Registered Agent and Registered Office shown on the records of	f the Flo	orida Dept. of State	- e:
	1310 N. 22nd Street			r g
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				?
				·;
	Tampa	L	5	ن. ن
	,11	L		-
(b)	Manuel Garcia			
	Enter name of NEW Registered Agent and/or NEW Registere	d Offic	e address:	.em .em
	NEW Registered Office Address.			_
				-
	, FI	l		_
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e regis iability of the c limit	tered office and company, it is limited liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Sign	ature of a member or authorized representative of a member	-		Printed or typed name of signee
	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect achange in the registered office address, I ged in writing of this change.	ree to perfo ed for hereb	act in this capa rmance of my c in Chapter 605 y confirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been
Signat	ure of Registered Agen			

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