

K2C 000198381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP      ☐ WAIT      ☐ MAIL

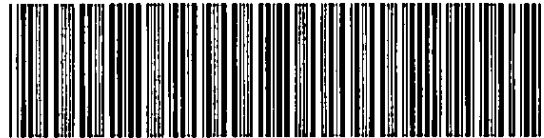
(Business Entity Name)

(Document Number)

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1. The first group of people who are interested in the study of the history of the United States are the people who are interested in the history of the United States.

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2022 JAN 18 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FL.

24/08

FEB 07 2027  
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mobile Shine & Services, LLC.  
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:

Jose L. Cabrales

Name of Person

Mobile Shine & Services, LLC.

Firm/Company

8181 NW 154 Street #2600

Address

Miami Lakes, FL 33016

City/State and Zip Code

mobileshine@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jose L. Cabrales

Name of Person

at 305, 321-5274

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

**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: Mobile Shine & Services, LLC.  
2. (a) 8181 NW 154th Street #200 (b) Miami Lakes, FL 33016

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

8181 NW 154th Street #200  
Miami Lakes, FL 33016

07/10/2020

L20000198381

3. Date of filing/registration in Florida

4.

Document number

5. (a)

Adany Rodriguez  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

18500 SW 128 Avenue

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Miami Florida, FL 33177

(b)

Enter name of NEW Registered Agent and/or NEW Registered Office address:

8181 NW 154th Street #200

NEW Registered Office Address:

Miami, FL 33016

**FILED**  
2022 JAN 18 PM 3:44  
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.

X Jose Cabales

Signature of a member or authorized representative of a member

Jose Cabales

Printed or typed name of signer

*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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00