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## COVER LETTER

TO: Registration Section Division of Corporations	•				
VOYAGEUR TRADING LLC JBJECT:					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Ch	ange and fec(s) are submitted for filing.				
Please return all correspondence concerning this matt	ter to the following:				
DRANY PAMPHIL					
Name of Person					
Firm/Company					
87 VERANDA LANE					
Address					
PONTE VEDRA BEACH, FLORIDA 32	082				
City/State and Zip Code	<del></del>				
rrmgmtsvcs@gmail.com					
E-mail address: (to be used for future annual re	port notification)				
For further information concerning this matter, please	e call:				
DRANY PAMPHIL	917 6508768				
Name of Person	Area Code & Daytime Telephone Numbe				
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 amou	int:				
□ \$25 Filing Fee	S55 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.

(a)	Principal office address of limited liability company	(b) _	Mailing address of limited liability company	
(	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(**/~	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	87 Veranda Lane		10 Waterside Plaza, Apt 20G	
	Ponte Vedra Beach, Florida, 32082		New York, NY, 10010	
	July 13th, 2020		1.20000201881	
	Date of filing/registration in Florida	- 4. —	Document number	
(0)	Registered Agent and Registered Office shown on the records of the Florida DOS			
(a)	Registered Agent and Registered Office shown on the records of	the Florida De	pt. of State:	
	Drany Pamphil		•	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		
	2423 SW 147th Ave # 597			
	MIAMI . FI	33185	<del></del>	
(b)	New Registered Office Address  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addre	55:	
	Drany Pamphil		_	
	NEW Registered Office Address:			
	87 Veranda Lane			
	Ponte Vedra Beach . FU	32082		
ange ent v is/we	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered ( ability comp of the limite	office and the business office of the registered cany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in	
	Ines R. Rodríguez P.		Ines R. Rodríguez P.	
	ture of a member or authorized representative of a member		Printed or typed name of signee	

Drany Pamphil

Signature of Registered Agent