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COVER LETTER

TO:	Registration Section
	Division of Corporations

Todel Retail USA LEC

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:

Kenneth Noble, Esq.

Name of Person

Noble Law Firm, P.A.

Firm/Company

6199 N. Federal Hwy.

Address

Boca Raton, FL 33487

City/State and Zip Code

ray@noblelawfirmpa.com

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

For further information concerning this matter, please call:

Kenneth Noble	561 353-9300 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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,

(a)	2535 N E 206th Lane	(b) ²⁵	35 N E 206th Lane
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BON</u>)
	Miami. FL 33180	Mia	amí, FL 33180
	08/05/2020		000236696
	Date of filing/registration in Florida	- 4.	Document number
(a)	Alain Altit		
(4)	Registered Agent and Registered Office shown on the records of	the Florida Dept	. of State:
	Registered Office Address <u>(MUST BE FLORIDA STREET</u> 2535 NE 206th Lane	ADDRESS)	
	Miami, FI	33180	
b)			2021 SET
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	2021 AUG SECRETA
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Noble Law Firm, P.A.	Office address:	IARY
		Office address:	
b)	Noble Law Firm, P.A.	Office address:	-2 PH 8:3 SSEE, FLCT
	Noble Law Firm, P.A. <u>NEW</u> Registered Office Address:	<u>Office address</u> : 33487	-2 PH 8: SSEE FLC
e lii ge - t we	Noble Law Firm, P.A. <u>NEW</u> Registered Office Address: 6830 N. Federal Hwy.	33487 vs of the State registered off bility compan f the limited 1	of Florida, it is hereby confirmed that after ice and the business office of the registered y, it is hereby confirmed that the change(s) iability company or as otherwise provided in

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 chapter.

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Signature of Registered Agent

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