## L20 000 267 213

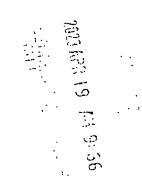
(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									

Office Use Only



000406844740





## **COVER LETTER**

TO:	Registration Section Division of Corporations							
	Residual Ecom LLC							
SUBJ	ECT:	Name of Limited Liability Company						
Dear S	ir or Madam:							
The er	closed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.					
Please	return all correspondence concernir	ng this matter to the	following:					
Cynthia	a Davies							
	Name of Person		<del></del>					
Cindy's	: Florida LLC							
•	Firm/Company							
8051 N	, Tamiami Trail Suite F6							
	Address		<u> </u>					
Sarasot	a, FL 34243							
	City/State and Zip Co	xde						
cindy@	cindysfloridallc.com		ı, G					
	E-mail address: (to be used for future	annual report notif	fication)					
For fu	rther information concerning this ma	atter, please call:						
Cynthi	a Davies	727	300-0042					
		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 follow	wing amount:						
	■ \$25 Filing Fee	<b>u</b> s	355 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.

	Residual Ecom							
1. N	ame of the limited liability company:			8051 N. Tam	niami Trail S'I	E E6		
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Sarastoa, Florida 34243			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  Sarastoa, Florida 34243				
	08/27/2020	<del></del>	l	200002672 <sup>-</sup>	13			
3.	Date of filing/registration in Florida ORTEGANO, ANDRES E	4.	-	D	Ocument nu	mber		
5. (a)	Registered Agent and Registered Office shown on the records of 696 Bald Cypress RD	the Flo	rida	Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDR</u>	ESS.	}			.2	
	Weston , FI	3332					2023 APR	<u>.</u>
(b)							9	
	Enter name of NEW Registered Agent and/or NEW Registered CINDY'S FLORIDA LLC	Onice	e ado	<u>iress</u> :			ය. යා	• ••• •
	NEW Registered Office Address: 8051 N. Tamiami Trail Suite F6					-	<del>о</del> .	
	Sarastoa , Ft	34243	3					
:hange igent : vas/w	limited 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 livere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	regist ability of the limite	tere cor limi ed li	d office and mpany, it is hited liability ability comp	the business nereby confi company or any.	officermed	e of the	registered change(s)
Sinn:	Cynthia Davies ature of a member or authorized representative of a member	_ _	yntl ——	hia Davies, Ma	<del></del>	1 nome	of cine	
Sugna	aute of a member of authorized representative of a member			•	Printed or typeo	ı name	or signe	·

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.

Cynthia Davies
Signature of Registered Agent