1200002675H

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





700360477967

03/02/21--01018--023 **25.00

2011년 조 24 11년

-101

COVER LETTER

Division of Corporations				
Horizontel LLC SUBJECT:				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered C	office Change and	fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the	following:		
Sergio Lorenzo				
Name of Person				
Firm/Company				
18860 SW 316th Street				
Address				
Homestead/FL. 33030				
City/State and Zip Code		<u> </u>		
renepedrero@yahoo.com				
E-mail address: (to be used for future a	nnual report notif	ication)		
For further information concerning this matte	er, please call:			
Peter Lorenzo	786 at (441-7575		
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	ıg amount:			
■ \$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.

1. N	ame of the limited liability company: Horizontel LLC		
2. (a)	18860 SW 316TH STDEET MOMESTEAD EL 32020	(b) 18860	SW 316TH STREET, HOMESTEAD FL 33030
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
	00/02/2020		
-	09/03/2020	1,20000	
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	f State:
	Registered Office Address (MUST BE FLORIDA STREET) 18860 Sw 316th Street	<u>4DDRESS)</u>	
	Homestead FL	33030	···
			20
(b)	Enter name of NEW Registered Agent and/or NEW Registered		<u> </u>
	Effect finding of NEW Registered Agent and/or NEW Registered	Office address:	H
	Peter Lorenzo		
	NEW Registered Office Address:		
	18820 sw 316th st		
			<u>-</u>
	Homestead F1	33030	-
agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia cre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law of a member or authorized representative of a member obvious of all statutes relative to the proper and complete in its of all statutes relative to the proper and complete its	registered office ability company, of the limited liability Signal of the limited liability	e and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company. Printed or typed name of signee
Signatu	re of,Registered Agen		