L20000267571

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TALLYMAN SSI ET FLORIDA



COVER LETTER

•	ration Section on of Corporations								
SUBJECT:	IORIZONTE1 LLC								
Name of Limited Liability Company									
Dear Sir or Ma	adam:								
The enclosed l	Registered Agent/Registered C	Office Chan	nge and fee(s) are submitted for filing.						
Please return a	all correspondence concerning	this matter	r to the following:						
Sergio Lorenzo									
	Name of Person								
	Firm/Company								
18860 SW 316t	h Street								
	Address								
Homestead FL	33030								
	City/State and Zip Code								
renepedrero@y	ahoo.com								
E-mail a	ddress: (to be used for future a	innual repor	ort notification)						
For further inf	ormation concerning this matt	er, please e	call:						
Sergio Lorenzo		78 at (86 349-8421						
	Name of Person		Area Code & Daytime Telephone Number						
Regis Divis P.O. I	ng Address: tration Section ion of Corporations Box 6327 nassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Enclo	sed is a check for the followi	ng amount	t:						
Q \$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.

l. (a)	18860 SW 316TH ST HOMESTEAD, FL 33030		(b) 18860 SW 316TH ST HOMESTEAD, FL 33030					
·· (··)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
	09/03/2020	_	L20000267	7571				
	Date of filing/registration in Florida	- 4.		Document i	number			
i. (a)	Peter Lorenzo							
. (u)	Registered Agent and Registered Office shown on the records of the 18860 SW 316TH ST HOMESTEAD, FL 33030	the Florid	a Dept. of Sta	ite:				
	Registered Office Address [MUST BE FLORIDA STREET]		<u> </u>	202				
	18860 SW 316TH ST			_	>	至	, t	
	Homestead , FL	33030	<u> </u>			12 AVH 1202		
(b)	Sergio Lorenzo		: :- :-	AM 11: 32	· ·			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ac	<u>idress</u> :		<u> </u>	 သ	·	
	18860 SW 316TH ST HOMESTEAD, FL 33030				<u>5</u> : -	~		
	NEW Registered Office Address:			_				
	ra .			_				
	FL	,		_				
hange gent v vas/we he arti	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the manufacture of a member organization or the operating agreement of the manufacture of a member organized representative of a member	register bility co	ed office arompany, it	nd the busine is hereby control ty company of mpany.	ss office afirmed the or as other	of the nat the erwise	registered change(s) provided in	
	$(\cdot) $			Printed or typ		- 2		
rovisi he obl o merc	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change	ee to ac perform t for in (terchy c	t in this cap ance of my Chapter 60 onfirm thai	pacity. I furth duties, and I 5, F.S. Or, if the limited l	her agree ' am fami ' this doc iability c	e to con liar wi ument ompan	nply with th th and acce is being file v has been	

Signature of Registered Agent