# LZO 000 773561

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

Office Use Only



300352405603

09/22/20--01806--014 \*\*25.00

RECEIVED SEP 2 1 2020

2020 SEP 21 AMII: O

To while

### COVER LETTER

|                         | gistration Section vision of Corporations   |                   | •  |  |  |
|-------------------------|---|-------------------|--|--|--|
| CHRIFCT                 | JOSE ELECTRICAL SERVICE, I.   | LC                |  |  |  |
| SOBJECT                 | Name of Limited Liability Company   |                   |  |  |  |
| Dear Sir or             | Madam;  |                   |  |  |  |
| The enclose             | ed Registered Agent/Registered O  | ffice Change and  | fee(s) are submitted for filing.   |  |  |
| Please retur            | m all correspondence concerning t   | his matter to the | following:   |  |  |
| JOSE ANTO               | ONIO MORENO   |                   |  |  |  |
|                         | Name of Person  |                   |  |  |  |
| JOSE ELEC               | TRICAL SERVICE, LLC   |                   |  |  |  |
|                         | Firm/Company  |                   |  |  |  |
| 1351 NE M               | IAMI GARDENS DR. E 502  |                   |  |  |  |
| <del></del>             | Address   |                   |  |  |  |
| MIAMI, FL               | 33179   |                   |  |  |  |
| -                       | City/State and Zip Code   |                   | <u> </u>   |  |  |
| MORENOP                 | ULIDOJOSEANTONIO@GMAIL.C  | ЮМ                |  |  |  |
| E-mai                   | I address: (to be used for future ar  | nual report notif | īcation)   |  |  |
| For further             | information concerning this matte   | r. please call:   |  |  |  |
| JOSE MOR                | ENO   | 786<br>at (       | 914-9211   |  |  |
|                         | Name of Person  |                   | Area Code & Daytime Telephone Number   |  |  |
| Re<br>Div<br>P.C        | niling Address: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314 | ·                 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |  |  |
| En                      | closed is a check for the followin  | g amount:         |  |  |  |
| ■ \$25 Filing Fee □ \$: |   |                   | 55 Filing Fee & Certified Copy   |  |  |
| INHS18 (2/1             | 4)  |                   |  |  |  |

# 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.

| 2. (a)  | une of the limited liability company:  |                                       | 1351 NE I  | MIAMI GARDENS DR - E 502, MIAMI, FI.   |
|---|--|---------------------------------------|--|--|
| ≟. (a)  | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  | -                                     | (0)  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |
| 3.  | September, 02, 2020  Date of filing/registration in Florida  | -<br>4.                               | 1200002735   | 61  Document number  |
|   |  | ᢇ.                                    |  | Document aumber  |
| 5. (a)  | Registered Agent and Registered Office shown on the records of the Florida Dept. of State JOSE D FERRER SR  Registered Office Address  |                                       |  | -<br>e:<br>-   |
|   | 16414 SEGOVIA CIR S.   |                                       | <del></del>  |  |
|   | PEMBROKE PINES 3. F1.  | 3331                                  |  | 2020 SEP 21  |
| (h)   | Enter name of NEW Registered Agent and/or NEW Registered Office address:  JOSE ANTONIO MORENO  |                                       |  | P 21 MIII: 03  |
|   | NEW Registered Office Address:   | 7.42.                                 |  | ਂ ਜੋ   |
|   | 1351 NE MIAMI GARDENS DR - E 502   |                                       |  |  |
|   | MIAMI 3. FL.   | 3179                                  |  | -  |
| change agent was/was/was/was/was/was/was/was/was/was/ | imited liability company is not organized under the laws or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of itself organization or the operating agreement of the limited of a member or authorized representative of a member by accept the appointment as registered agent and agree | egist<br>ility<br>the l<br>mite<br>Jo | ered office and company, it is imited liability on the liability company. The liability company are in this capa | d the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany.  D MORENO  Printed or typed name of signee active. I further agree to comply with the |
| provisi<br>the obl<br>to mer                          | ions of all statutes relative to the proper and complete pe<br>ligations of my position as registered agent as provided f<br>ely reflect a change in the registered office address. I her<br>d'in writing of this change.  | rtor                                  | mance of my a  | duties, and Lam familiar with ind accent   |
| S <b>ze</b> natu                                      | re of Registered Agent   | -                                     |  |  |

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

## **Detail by Entity Name**

Florida Limited Liability Company JOSE ELECTRICAL SERVICE, LLC

#### Filing Information

**Document Number** 

L20000273561

**FEI/EIN Number** 

NONE

**Date Filed** 

09/02/2020

**Effective Date** 

09/03/2020

State

FL

**Status** 

**ACTIVE** 

#### Principal Address

1351 NE MIAMI GARDENS DR

E 502

MIAMI, FL 33179

#### **Mailing Address**

1351 NE MIAMI GARDENS DR

E 502

MIAMI, FL 33179

#### Registered Agent Name & Address

FERRER, JOSE D. SR

16414 SEGOVIA CIR S

PEMBROKE PINES, FL 33331

Authorized Person(s) Detail

NONE

**Annual Reports** 

No Annual Reports Filed

Document Images

<u> Q9/00//2020 -- Florida Limited Lability</u> View image in PDF format

DOSE ANTONIO MORENO