LZ0000274064

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(Address)						
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عداماداه رس

COVER LETTER

	egistration Section ivision of Corporations		•
SUBJECT			
	Name	of Limited I	.iability Company
Dear Sir o	r Madam:		
The enclose	sed Registered Agent/Registered Offic	e Change and	I fee(s) are submitted for filing.
Please rett	urn all correspondence concerning this	matter to the	following:
YOHAN N	ARAINE		
	Name of Person		
CORPOR	ATE SOLUTIONS GROUP		
	Firm/Company		
7050 ALO	MA AVE		
	Address		
WINTER F	PARK FL 32746		
	City/State and Zip Code		
YOHAN.N	ARAINE@GMAIL.COM		
E-ma	ail address: (to be used for future annu	al report noti	fication)
For further	r information concerning this matter, p	lease call:	
YOHAN N	ARAINE	305 at (4399942
	Name of Person	(Area Code & Daytime Telephone Number
Re D P.	lailing Address; egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Er	nclosed is a check for the following a	mount:	
	\$25 Filing Fee	<u> </u>	55 Filing Fee & Certified Copy
1NHS18 (2/	/[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.

1)	7050 ALOMA AVE.			7050 ALOMA AVE.	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: **Onte: MAY BE POST OFFICE BOX**		
	WINTER PARK, FL 32746		WINTE	R PARK, FL 32746	
	09/02/2020		L20000274064		
a)	Date of filing/registration in Florida CORPORATE SOLUTIONS GROUP	4.		Document number	
.,	Registered Agent and Registered Office shown on the records of 7050 ALOMA AVE	of the Floric	a Dept. of ;	State:	
	Registered Office Address	TADDRES	<u>S)</u>	_	
	WINTER PARK I	้เ. <u>32792</u>	·	_ _	
)	LEAH LORRAINE PETERS				
	Enter name of NEW Registered Agent and/or NEW Register	d Office a	ldress:		
	5255 COLLINS AVE.				
	<u>NEW</u> Registered Office Address: APT, 4G	, -		_	
	MIAMI BEACH , F	. 33140 L			
ge Ne	mited liability company is not organized under the last or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e register iability c of the lir e limited	ed office ompany, nited liab	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.	
	ure of a member or authorized representative of a member			Printed or typed name of signee	
el sid bli	on accept the appointment as registered agent and agons of all statutes relative to the proper and completing at the proper agent as provided by reflect a change in the registered office address, if it writing of this change.	ree to ac e perform ed for in ' hereby c	t in this c ance of n Chapter t ontirm th	apacity. I further agree to comply with the ny duties, and I am familiar with and acce of F.S. Or, if this document is being file at the limited liability company has been	

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

INHS18 (2I14)

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