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PICK-UP	☐ WAIT ☐ M	AIL
(Bu	usiness Entity Name)	
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Certified Copies	_ Certificates of Status _	
Special Instructions to	Filing Officer:	
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Office Use Only



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2022 JAH 27 PM I2: 3 SECRETARY OF STATE



RECEIVED

2022 JAN 27 AM 9: 05

FLORIDA DEPARTMENT OF STATE ECRETARY OF STATE TALLAHASSEE, FL

December 29, 2021

EDUARDO A ABREU 2618 PISCES DR ORLANDO, FL 32837 US

SUBJECT: MULTIHOMES SOLUTIONS LLC

Ref. Number: L20000282561

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 121A00031420

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Muttibanes Solutions, IC. Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Eduardo Abrey Montesino
Multipones Solutions 11C.
21018 Disces Dr Address
Ochon Fl. 32837 City/State and Zip Code
E-mail address: (to be used for future annual report hotification)
For further information concerning this matter, please call:
Name of Person (10) at (10) 755-8479 Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount: Prepaid - State Helder
S25 Filing Fee Sertified 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.

I. Na	me of the limited liability company: Mt. L. H.	home	's DIL	Hions	,110.	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	704 (b)	Mailing		liability compan	ıy:
3. 5. (a)	Date of filing/registration in Florida Follogo & brev		ntesa	iment number	256	
	Registered Agent and Registered Office shown on the records Registered Office Address Registered Office Address Registered Office Address		Dept. of State.			
(b)	Enter name of NEW Registered Agent and/or NEW Register		2837 1651NT	-)	2022 JAN 21 SECRETAR FALLAHASS	<u> </u>
	2418 DISCES NEW Registered Office Address: OLANDO, FL.	323	37		7 PHI2: 31	
change agent v	mited liability company is not organized under the or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member	laws of the S he registered liability com	office and the pany, it is here	business office of by confirmed th	of the register at the change	ed (s)
Signat	cles of organization or the operating agreement of the companies of a member or authorized representative of a member of a companies of all statutes relative to the proper and completing actions of my position as registered agent as proving the reflect a change in the registered office address,	he limited lia	bility company Print this capacity	ed or typed name of	f signee	
to mere notified Signatur	(b) writing of this change.	Thereby con	firm that the lii	nited liability co	mpany has be	zen