## 120000287657

(Requestor's Name)  (Address)	100371274451
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)	08/20/2101020009 **50.00
Certified Copies Certificates of Status	2021 AUG 20 THANASS

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## COVER LETTER

Division of Corporations							
SUBJECT: Cleneral Mon	J Horriculture LLC nited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter	r to the following:						
Magaly Molina Some of Person	Mora						
Firm/Company							
14260 5.W. 240 5.	<del>†</del>						
Homesteud Fe 33 City/State and Zip Code	50 3 <u>2</u>						
Roberto Corbea a gmail. E-mail address: (to be used to finjure annual repo	CCO) ort notification)						
For further information concerning this matter, please of	call:						
Magaly Motine Mora at (	305 <u>) 910-1343</u> 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, F1, 32303						
Enclosed is a check for the following amount:							
S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy						
1NHS18 (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.	Nai	ame of the limited liability company: <u>General</u>	How	Horri	culture Lic
2.	(a) <sub>-</sub>	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing	address of lin	USUST ST mited liability company: POST OFFICE BOX)
		Suite 330	Sui	+-e	330
		Miami Lake Fl 33016			Kes, FL3301
3.		OQ 14 2020 Date of filing/registration in Florida 4.	L2C	ment numb	287657 er
5.	(a)	Law office of Christian F Registered Agent and Registered Office shown on the records of the Florida I	Ocpt, or state:	<del>\</del> +.	
		515 Lore + TO AVE.  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
		Coral Gables . Fl. 331	46		75
	(b) .	Magay Molina Mora Enter name of NEW Registered Agent and/or NEW Registered Office additional Control of New Re	<u>ress</u> :		TIL SECRETA
		142100 SW 240 ST: NEW Registered Office Address:			SSEC 713 49
					<b>5</b>
		Homestead 19.330	032		
cha ago wa	inge ent w s/we	imited liability company is not organized under the laws of the Secondary or changes are made, the Florida street address of the registered will be identical. Or, in the case of a Florida limited liability conere authorized by an affirmative vote of the members of the limities of organization or the operating agreement of the limited liability.	loffice and the l pany, it is herel led liability com	ousiness off by confirme pany or as (	ice of the registered and that the change(s)
		A			>120/eZ
	ignati	ture of a member of a morized representative of a member	Printe	d or typed nai	me of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, it this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in griting of this change.

hydre of Registered Agent