

K20 000248997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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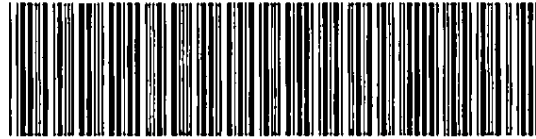
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2/15/21

Cor

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jacqueline Oliva Consulting LLC
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:

Jacqueline Oliva
Name of Person

Jacqueline Oliva Consulting LLC
Firm/Company

8500 SW 109 Ave # 6-223
Address

Miami FL 33173
City/State and Zip Code

jackieoliva84@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacqueline Oliva at (305) 951 7194
Name of Person 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, FL 32303

Enclosed is a check for the following amount:

☒ \$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.

1. Name of the limited liability company: Jacqueline Oliva Consulting LLC
2. (a) 8500 SW 109 Ave #6-223
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
- (b) 8500 SW 109 Ave #6-223
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

Miami FL 33173

Miami FL 33173

3. 09/15/2020
Date of filing/registration in Florida
4. L20000288997
Document number

5. (a) Jacqueline Oliva.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

9880 SW 44th Street

Miami, FL 33165

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

8500 SW 109 Ave #6-223

Miami, FL FL 33173

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jacqueline Oliva
Signature of a member or authorized representative of a member

Jacqueline Oliva
Printed or typed name of signee

Whereby 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, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Jacqueline Oliva
Signature of Registered Agent

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

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2021 JAN -7 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FL