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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TRAD BUYS HO! Name of Limited Lin	MES LLC ability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and f	ce(s) are submitted for filing.
Please return all correspondence concerning this matter to the fe	G .
Grancarks Vargas Pinnacle Tarx Solutions Of Delray Blach, Inc Firm/Company	
GOIN. CONGRESS ANE	Ste 434
Delycy Fl 33445 City/State and Zip Code	_
E-mail address: to be used for future annual report notific	ration).
For further information concerning this matter, please call:	
Clan Caylos Vayas at 561 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

🗓 \$55 Filing Fee & Certified Copy

INHS18 (2.14).

\$25 Filing Fee

Enclosed is a check for the following amount:

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.

. Tegistered agent, or both, in the State of Flori	da,
1. Name of the limited liability company: TRAD BUYS HOMES 2LC	
20900 NE 30+6 NVENIAE 200000 NIE 2011 OLE	7 II 11
Principal office address of limited liability company: Mailing address of limited liability company:	!N!M!
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)	
1) 10 th 10 El 33 180 Dunal 110 El 22 15	Λ.
HVENTUNG ITC, 23100 HVENTUNG, PC, S>1)	60
10/14/2020 L2000325976	
Date of filing/registration in Florida 4. Document number	
5 (a) Maurice Koberts	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
APT 2	
Miami Beach = 33141	
Man Beach, FI. 3314) (b) Glancarlos Vangas Enter name of NEW Registered Agent and/or NEW Registered Office address:	•
	_
NEW Registered Office Address:	t 22
NEW Registered Office Address:	
<u> </u>	
Delvay 33445	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the limited or changes are made the Florida state of the Florida.	•
agent will be identical. Or, in the case of a Florida limited liability company, it is bereby confirmed that the characters	IC.
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.	
Maurica DAD EDTS	
Signature of a member or authorized representative of a member Printed or typed name of signee I hereby account the approintment as requiremed arout and approximately account the approintment as requiremed arout and approximately account the approximately account to the approximately account the approximately account the account the approximately account the account the account the account to the account the account the account the account the account to the account the account the account the account the account to the account the ac	
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, if this document is being tiled 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.	? ?{
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.	•
Signature of Registered Agent	

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