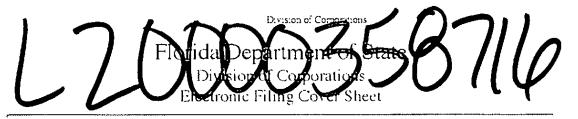
9/8/2021



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210003341873)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:		

LLC REGISTERED AGENT CHANGE KARINE ALOURDE LLC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

SEP 1 0 2021 S. PRATHER

Electronic Filing Menu

Corporate Filing Menu

Help

To: 18506176383 From: 12147128131 Date: 09/08/21 Time: 1:59 PM Page: 02/02

(((H21000334187 3)))

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.

	ame of the limited liability company: Karine Alourde					
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	1476 Broken Oak Drive	76 Broken Oak Drive				
	Winter Garden, Fl., 34787	inter Garden, FL, 34787				
	11/16/2020	1.20	000358716			
3.	Date of filing/registration in Florida	4.	Document number	,,		
5 4)						
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida Dep	nt, of State:			
	ALOURDE, KARINE					
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS _I				
	1476 BROKEN OAK DR		A	<u>~</u>		
	WINTER GARDEN			>	2021 SFPa	
		· · · · · · · · · · · · · · · · · · ·	***************************************	20 <u></u>	0 0 1 d	
(b)						
, ,	Enter name of NEW Registered Agent and/or NEW Register	red Office addres	∑ :	ت التي التي التي التي التي التي التي الت	<u> </u>	
	LEGALING CORPORATE SERVICES INC.		AFLORIDA	5 -		
	NEW Registered Office Address:	<u> </u>		نت ⊶لا)	
	5237 SUMMERLIN COMMONS BLVD, SUITE 400	+ + + + + + + + + + + + + + + + + + + 				
	FORT MYERS,	33907				
change agent was/w	limited liability company is not organized under the e or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited erre authorized by an affirmative vote of the member icles of organization or the operating agreement of the street and the contract of the contract of the operating agreement of the contract of the cont	laws of the Sta the registered o Hiability compars of the limited	ffice and the business office my, it is hereby confirmed t Hiability company or as othe lity company.	of the registere hat the change(:	ed s)	
	Karine Theodule		Karine Theodule Printed or typed name of	of Suree		
I here provis the ob- to mer	nture of a member or authorized representative of a member Property the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi- vely reflect a change in the registered office address, ed in writing of this change.	agree to act in t ele performance ided for in Chap I hereby confil	his canacity. I further agree	e to comply with	h the ccept filed en	

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