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(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	lv



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COVER LETTER

TO: **Registration Section Division of Corporations**

Vacancy, LLC Name of Limited Liability Company SUBJECT: _

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:

Edvardo Gonzalez-Munoz Name of Person

Vacancy, LLC

460 NE 28+55 APT 3801 Address

Miami, FL 33137 City/State and Zip Code

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

For further information concerning this matter, please call:

Eduard Gonzalez-Munozat (305) 297-1325 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:



\$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. Nai	me of the limited liability company:	incy	LLC_			
2. (a)	460 NE 28th St		460 NT	E 28th	S+	
(**/ •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing ad	dress of limited li MAY BE POST (ability comp	-
	APT 3801			801	<u></u>	
		_		-	127	
	Miami, FL 33137	-	Miami	FL 33	101	
	November 24, 2020		L20000	37154	·6	
3.	Date of filing/registration in Florida	4.	Docume	nt number		
5. (a)	United States Corporation	Age	nts,Inc.			
	Registered Agent and Registered Office shown on the records of th	ne Florida	Dept. of State:			
	476 Riverside Ave.	_				
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS)</u>			2(
				-		L12]743
	Jacksonville FL	320	102 1		2022 DEC 16	
					16	
(b)	Eduardo Gonzalez-Mun	02		(in		
	Enter name of NEW Registered Agent and/or NEW Registered (ress		AH 8:	J
					23	
	460 NE 28th St				-	
	NEW Registered Office Address:					
	APT 3801					
	Miami FL	33	137			
change agent w was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the r vill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of eles of organization or the operating agreement of the l	registered bility cor f the limi imited li	d office and the bus npany, it is hereby ted liability compa	siness office of confirmed that ny or as otherv	the registent the chang wise provid	ered ge(s) led in
provisi the obli to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ify reflect a change in the registered office address, I he I in writing of this change.	e to act i performa for in Ci ereby coi	in this capacity. 1 f nce of my duties, at hapter 605, F.S. O nfirm that the limite	further agree und I am Jamilia r, if this docum ed liability com	o comply w ar with and nent is bein npany has	vith the l accept ng filed been

Signature of Reprinted Agent

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