L20 000374129

(Requestor's Name)						
(Address)						
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(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(,,,						
(Document Number)						
Certified Copies Certificates of Status						
Consideration to Citizen Office						
Special Instructions to Filing Officer:						

Office Use Only



200355846612

12/17/20--01014--085 **25.00

RUIN

COVER LETTER

TO:	Registration Section Division of Corporations	•					
SHRI	SUAREZ & VENTURA INVES	SUAREZ & VENTURA INVESTMENT LLC					
ООВ	Liability Company						
Dear :	Sir or Madam:						
The e	nclosed Registered Agent/Registered (Office Change an	d fee(s) are submitted for filing.				
Pleaso	e return all correspondence concerning	this matter to the	e following:				
OSCA	R SUAREZ						
	Name of Person						
SUAR	EZ & VENTURA LLC						
	Firm/Company						
1908 1	NE 6 TH PL						
	Address						
CAPE	CORAL, FI. 33909						
	City/State and Zip Cod	e					
NIRA	IDET@HOTMAIL.COM						
	E-mail address: (to be used for future a	annual report not	ification)				
For fu	rther information concerning this matt	ter, please call:					
OSCA	R SUAREZ	305 at (8427428				
	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 followi	ing 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.

l. ì	Same of the limited liability company: SUAREZ & VEN	TURA	INVESTMEN	TT LLC	
2. (a	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1908 NE 6 TH PL		(b) 1908 NE 6	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 5 TH PL	
	CAPE CORAL, FL 33909	<u> </u>	CAPE CO	PRAL. FL 33909	
	11/30/2020		L20000374	129	
 3. 5. (a) 	Date of filing/registration in Florida LEGAL ZOOM	4.		Document number	
(b)	Registered Agent and Registered Office shown on the records of UNITED STATES CORPORATION AGENTS,INC	the Flori	da Dept. of Stat	te:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 5575 S SEMORAN BLVD STE 36			- ~;	
	ORLANDO, FL	32822	2822 AL FL		
	OSCAR SUAREZ 1908 NE 6TH PL 33909, CAPE CORAL FL				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			——————————————————————————————————————	
	1908 NE 6 TH PL			9. 5. 6. J.:	
	NEW Registered Office Address:				
	PI	33909		_	
chang agent was/v	FL limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registe bility c f the li limited	red office an company, it is mited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.	
Sigr	ature of a member or authorized representative of a member			Printed or typed name of signee	
provi the oi to me	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I have a first change.	pertorn	iance of my e	duties, and I am familiar with and accept	
Signa	ure of Registered Agent				