121000010996

(Re	questor's Name)	
(Add	dress)	
(* 1.5.		
(Address)		
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
<u> </u>	_	
(Business Entity Name)		
(Doc	cument Number)	
	r	
Cadified Caulas	C - 4:8:4	-504
Certified Copies	_ Certificates	of Status
Special Instructions to f	Filina Officer	
Special management to 1 ming officer.		

Office Use Only



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03/22/21--01019--007 **25.00



COVER LETTER

SUBJECT: Build Your Own				
Name of Limited L	iability 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:				
Derek Moronta Name of Person				
Build Your Own Business Firm/Company	<u>L</u> -L-C			
16431 5w 18th ST Address				
Miramar FL, 33027 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Derek Moronta at (954) Name of Person) <u>478 - 3449</u> Area Code & Daytime Telephone Number			
Mailing Address:	Street Address:			

Enclosed is a check for the following amount:

☑ \$25 Filing Fee

P.O. Box 6327

Registration Section

Division of Corporations

Tallahassee, FL 32314

□ \$55 Filing Fee & Certified Copy

Street Address:

Registration Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

TO:

Registration Section Division of Corporations

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. N	ame of the limited liability company: Boild Goor Own	Business LLC
	1/1131 2.11 (2) ST 11 - T1 22 27	SUP 18th ST MAY ARRAY, FL 35027. Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.		500010996
	Date of filing/registration in Florida 4.	Document number
5. (a)	United States Corporation Agents, Inc. Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	_
	·	
	5575 S. Semoran Blvd. 36 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	Orland 1 32822	
	17	
(b)	Derek Muronta Enter name of NEW Registered Agent and/or NEW Registered Office address:	- <u>je</u> ku 18
	and the second office address.	S P III
	16431 SW 18th ST	
	NEW Registered Office Address:	- CA 5
		_
	MIRAMAR, FL 33027	-
agent w	imited liability company is not organized under the laws of the State of Flor changes are made, the Florida street address of the registered office an will be identical. Or, in the case of a Florida limited liability company, it is the authorized by an affirmative vote of the members of the limited liability confidence of organization or the operating agreement of the limited liability confidence.	d the business office of the registered s hereby confirmed that the change(s)
Cineral Constant	Derek	Printed or typed name of signee
I herek provision the oblit to mere notified	ov accept the appointment as registered agent and agree to act in this cap ons of all statutes relative to the proper and complete performance of my igations of my position as registered agent as provided for in Chapter 603 by reflect a change in the registered office address. I hereby confirm that I in writing of this change.	miles I found to the second

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00