L710000 HZ068

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





000405521350

03/28/23--01014--001 **25.00

023 HAR 28 AH 8: 13

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CHICA'S TACOS & CARNICERIA Name of Limited Liability Company	LLC
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitte	d for filing.
Please return all correspondence concerning this matter to the following:	
Maria Valle Avellaneda Name of Person	
CHICA'S TACOS & CARNICERIA U.C. Firm/Company	
2732 NW 545 St Address	
Pompan o Beach Fl 33069 City/State and Zip Code	
Crial address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Maria Valle Hichaned an (954) 297-5 Name of Person Area Code & Da	N(5) ytime Telephone Number
Mailing Address:Street AddressRegistration SectionRegistration Section of CorporationsDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee, FL 32314	ection rporations

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.

1. Name of the limited liability company: CHICAS TACOS & CORNICERIA LLC
2. (a) 2732 NW 54 S4 Pompano Bacch (b) 2732 NW 545 S4 Pompano R Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Florido 33069 Florido 33069
01/21/2021 L2000042068
3. Date of filing/registration in Florida 4. Document number
5. (a) May a Valle Avellanca Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1732 NULL STOCK
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Pompano Beach FL 33069
Pompano Bach FL 33069 (b) Alexandra Calvo Valle
(b) Haxandra Calvo Valle Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
Kampano Beach FL 33069
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the
change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
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.
MARIA VALUE AVRUANIERA Signature of a member or authorized representative of a member MARIA VALUE AVEILA-NEDA Printed or typed name of signee
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 filed 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