

121000050767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

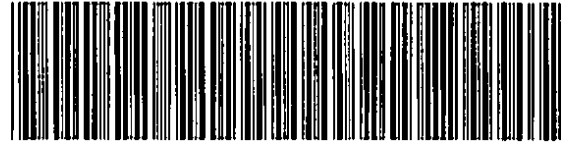
(Business Entity Name)

(Document Number)

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2021 NOV 29 AM 6:27  
SECRETARY OF STATE  
TALLAHASSEE, FL

SIMMONS

DEC 14 2021

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 5LMNT LLC  
Name of Limited Liability Company

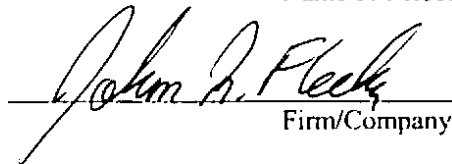
Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOHAN R FLECHA

Name of Person



Firm/Company

1500 NE MIAMI PL #3411

Address

MIAMI FL 33132

City/State and Zip Code

johan.flecha@icloud.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHAN R FLECHA

305

310-0553

at (

)

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:**

☒ \$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.*

1. Name of the limited liability company: SLMNT
2. (a) 1500 NE MIAMI PL #3411  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
MIAMI FL 33132
- (b) 1000 BRICKELL AVE STE 715 PMB 5008  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
MIAMI FL 33132
3. 1/27/2021 Date of filing/registration in Florida
4. 1.21000050767 Document number

5. (a) JOHAN R FLECHA  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

1500 NE MIAMI PL #3411

MIAMI, FL 33132

- (b) JOHAN R FLECHA

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1000 BRICKELL AVE STE 715 PMB 5008

**NEW Registered Office Address:**

MIAMI, FL 33131

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.

Johan R Flecha  
Signature of a member or authorized representative of a member

JOHAN R FLECHA

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.*

Johan R Flecha  
Signature of Registered Agent

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