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



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02/19/21--01019--025 **25.08

2021 FEB 19 PN 2: 33 SECRETARY OF STATE

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COVER LETTER

	gistration Section vision of Corporations		
SUBJECT:	SAN JOSE DISTRIBUITORS LLC		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		imited	Liability Company
Dear Sir or	Madam:		
The enclose	ed Registered Agent/Registered Office Cha	пде ал	nd fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matte	er to the	e following:
			T.
ANDRES CI	EREZO		
	Name of Person		
ANDRES CI	EREZO		
	Firm/Company		
	i iiiib company		•
12850 SW 3	ETH ST		
	Address		
MIRAMAR	/FL/33027		
	City/State and Zip Code		•
andres.sanjo	sedistribuitors@gmail.com		1
E-mai	l address: (to be used for future annual rep	ort not	ification)
For further	information concerning this matter, please	call:	
ANDRES C	EREZO at (954	381-6614
	Name of Person		Area Code & Daytime Telephone Number
Reg Div P.C	niling Address: gistration Section vision of Corporations D. Box 6327 Hahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	closed is a check for the following amou	nt:	-
	\$25 Filing Fee		\$55 Filing Fee & Certified Copy
INHS18 (2/1	4)		

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. Na	ame of the limited liability company: SAN JOSE DISTR	RIBUITO	ORS LLC					
2. (a)		(b)		•			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
	12850 SW 31TH ST		12850 S	W 3TH ST				
	MIRAMAR,FL,33027	_	MIRAM	AR,FL,33027	•			
	02/09/2021		h2	10000	XF8P			
3.	Date of filing/registration in Florida	4.		Document nun	nber			
5. (a)	SANDRA CEREZO							
J. (a)	Registered Agent and Registered Office shown on the records of		la Dept. of Si	tate:				
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRES	<u>(S)</u>	<u> </u>		202		
	12850 SW 31TH ST				CRE			
	MIRAMAR , FL	33027			ETAR	2021 FEB 19	دست دستست 11 م	
(b)	ANDRES CEREZO				 335V 40 AM	9 PH		
(47)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress;		S	<i>\(\frac{\(\zeta \)}{\(\frac{1}{4} \)}</i>		
					- 1-25TE	ည္မ		
	NEW Registered Office Address:		-					
	12850 SW 31TH ST							
	MIRAMAR , FL	33027						
change agent v was/we the arti	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	vs of the register ability co	red office a ompany, it nited liabil liability cy	and the business of is hereby confirmately company or a	office of the reg med that the ch	gistered ange(s	!)	
_	ture of a member or authorized representative of a member			Printed or typed i	1 ~			
provisi the obl to mer notified	by accept the appointment as registered agent and agri ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to ac perform I for in vereby c	t in this ca vance of m Chapter 60 confirm tha	pacity. I further y duties, and I am 95, F.S. Or, if thi it the limited liabi	agree to comp a familiar with is document is ility company h	ly with and ac being f ias bee	the cept iled n	
Signatu	re of Rogistered Agent				•			
	Division of Corporations P.O. I	3ox 632	7• Tallah	assee, FL 32314				