Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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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:	, LLC			_
2. (a)	664 EAST 25TH STREET, SUITE 101	(b)	(h) same as principal office address		
2. (a)	Principal office address of limited hability company: (Note: MUSTBE STREET ADDRESS)		Mailing address of limited l (Note: MAY BE POST of		
	HIALEAH, FL 33013	_			_
	1/20/2021	L2100	0071017		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	COSCULLUELA AND MARZANO P A		 		
()	Registered Agent and Registered Office shown on the records of 14261 COMMERCE WAY	the Florida Dept (of State		
	Registered Office Address (MUST BE FLORIDA STREET) SUTTE 205	ADDRESS)		2021 JU	
	MIAMILIAKES	33016		JUN -2	
(b)	William Lamoreaux			m _c :	(1]1
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address		PM 1:57	
	NEW Registered Office Address:				
	15105 NW 77th Ave, 4th Floor				
	Miami Lakes, FI	33014 L			
the ch agent was w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited here authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	the registered lability compan of the limited li	y, it is hereby confirmed the lability company or as other	at the change(s)	d
Sien	ham Lamoreaux, Authorized Representative autre of a member or authorized representative of a member	<u> </u>	Printed or typed name of	signee	_
I here provi: the of	chy accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provid rely reflect a change in the registered office address, I get in writing of this change.	gree to act in thi e performance of led for in Chapt hereby confirm	is capacity. I further agree of my duties, and I am famit er 605, F.S. Or, if this doct a that the limited liability co	to comply with the liar with and accep ament is being filed ampany has been	e e d
	filliam Lamoreaux ure of Registered Agent				

To: 18506176383