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COVER LETTER

TO: Registration Section

. Division of Corporations

BPO SUSTAINABLE HABITAT LLC SUBJECT:

Name of Limited Liability Company

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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:

NORBERTO PERALTA

Name of Person

BPO SUSTAINABLE HABITAT LLC

Firm/Company

5750 COLLINS AVE UNIT 8E

Address

MIAMI BEACH FL 33140

City/State and Zip Code

SIMONE_FERNANDES2012@ICLOUD.COM

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

For further information concerning this matter, please call:

SIMONE VARGAS FERNANDES	386 627-9357 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

Enclosed is a check for the following amount:

B \$25 Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH F(LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compesubmits the following statement in order to change its registered office or registered agent, or both, in the State of Flori

	e of the limited liability company: 50 COLLINS AVE UNIT 8E	NABLE H	·	D COLLINS AVE UNIT 5E
1)	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>) (IAMI BEACH, FL 33140		(b)	Mailing address of limited liability company (<u>Note: MAY BE POST OFFICE BOX</u>) MI BEACH, FL 33140
02	/11/2021		1.2100	00072305
 a)	Date of filing/registration in Florida ORBERTO PERALTA	4.		Document number
Re	egistered Agent and Registered Office shown on the records 750 COLLINS AVE	s of the Flori	da Dept. (of State:
	egistered Office Address (MUST BE FLORIDA STREE INIT 8E	ET ADDRE.	<u>SS)</u>	>
M	IIAMI BEACH	FL		
))	MONE VARGAS FERNANDES			
En	nter name of <u>NEW Registered Agent</u> and/or <u>NEW Registe</u>	red Office a	idd <u>ress</u> :	APY OF S
5	750 COLLINS AVE			PH 12: 30 SSEE, FL
	EW Registered Office Address: JNIT 8E			
<u>N</u>	91AMI BEACH	FL		
ge or t will were	ited liability company is not organized under the changes are made, the Florida street address of be fdentical. Or in the case of a Florida limited authorized by a affirmative vote of the member of organization or the operating agreement of t	the registe 1 liability of rs of the li the limited	red offi company mited li Hiabilit	ice and the business office of the registered y, it is hereby confirmed that the change(s iability company or as otherwise provided
· · · ·			. <u> </u>	

han

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

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