121000075126

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Special Instructions to Filing Officer:					
Q. SILAS					
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03/22/22--01012--003 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	ESCUELA INTERNACIONAL DE	ADMINISTRACION Y NE	GOCIOS ESIAN LLC			
ocou.	Name of Limited Liability Company					
Dear Si	r or Madam:					
The end	closed Registered Agent/Registered Off	ce Change and fee(s) are	submitted for filing.			
Please 1	return all correspondence concerning thi	s matter to the following:				
YSABE	IL VASQUEZ					
	Name of Person					
ESCUE	LA INTERNACIONAL DE ADMINISTRA	CION Y NEGOCI				
	Firm/Company					
119 DO	VE CIRCLE					
	Address					
ROYAI	PALM BEACH, FL 33411					
	City/State and Zip Code					
yvasque	z@avohassperu.com					
E-	-mail address: (to be used for future ann	ial report notification)				
For furt	ther information concerning this matter,	please call:				
YSABE	L VASQUEZ	561 768-11 at ()	131			
	Name of Person	Area Co	de & Daytime Telephone Number			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registr Division The Ce 2415 N	Address: ration Section on of Corporations entre of Tallahassee H. Monroe Street, Suite 810 assee, FL 32303			
	Enclosed is a check for the following	amount:				
	■ \$25 Filing Fee	☐ \$55 Filing F	ee & Certified Copy			

INHS18 (2/14)

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.

(a)	119 DOVE CIRCLE-ROYAL PALM BEACH.FL 33411		(b) 119	9 DOVE CIRCLE-ROYAL PALM BEACH,FL 33
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· /	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
			-	
	02/12/2021		L2100	000075126
(a)	Date of filing/registration in Florida Peter Mathison LLC	4.		Document number
(a) (b)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta			t. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 800 SE 4th Avenue Suite 139			
	HALLANDALE , FL 33009			FIL. 2022 HAR 22 SECRETARY TALL AHAS
	YSABEL VASQUEZ			R 22 PH
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> NEW REGISTERED AGENT	Office	address:	PH 4: 1
	NEW Registered Office Address:			
	119 DOVE CIRCLE			
	ROYAL PALM BEACH , FL	33411		
ige it v /we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	regist bility f the l	ered offi compan imited l	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
_	Vasques_ nure of a member or authorized depresentative of a member	Y	SABEL	. VASQUEZ
		_		Printed or typed name of signee

Signature of Registered Agent