

L21000099018

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

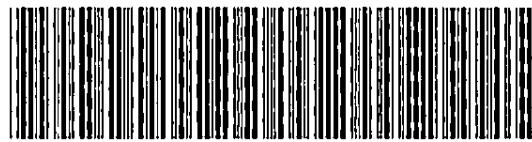
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**CORPORATE  
ACCESS,  
INC.**

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55

236 East 6th Avenue, Tallahassee, Florida 32303  
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**WALK IN**

**PICK UP: BROOK 12/20**

**CERTIFIED COPY**

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**STATEMENT OF CHANGE**

**1. VILLA MI AMOR, LLC**

(CORPORATE NAME AND DOCUMENT #)

**2.**

(CORPORATE NAME AND DOCUMENT #)

**3.**

(CORPORATE NAME AND DOCUMENT #)

**4.**

(CORPORATE NAME AND DOCUMENT #)

**5.**

(CORPORATE NAME AND DOCUMENT #)

**6.**

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Villa Mi Amor, 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:

Jay S. Skyler

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

445 Grand Bay Drive, #1206

\_\_\_\_\_  
Address

Key Biscayne, FL 33149

\_\_\_\_\_  
City/State and Zip Code

doctorinsulin@gmail.com

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

For further information concerning this matter, please call:

Jay S. Skyler \_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Person \_\_\_\_\_ Area Code & Daytime Telephone Number  
305-588-4447

**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: Villa Mi Amor, LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

445 Grand Bay Drive, #1206

Key Biscayne, Florida 33149

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

March 1, 2021

L21000099018

3. Date of filing/registration in Florida 4. Document number

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

Wells & Wells, P.A.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

901 Ponce de Leon Blvd., Suite 200

Coral Gables 33134, FL

2023 DEC 20 PM 1:51

F I L E D

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporate Access, Inc.

NEW Registered Office Address:

236 East 6th Avenue

Tallahassee 32303, FL

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.

Jay Skyler

Digitally signed by Jay Skyler  
Date: 2023.12.19 16:55:44 -05'00'

Jay S. Skyler

Signature of a member or authorized representative of a member

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.

Jay S. Skyler  
Signature of Registered Agent

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