

L21000139909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

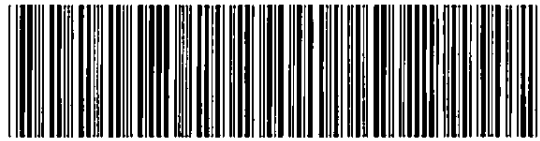
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000430112610

05/21/24 -01029-025 **25.00

FILED
2024 MAY 21 AM 8:48
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: P&O ROYAL PROPERTIES

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:

PABLO HERNANDEZ

Name of Person

P&O ROYAL PROPERTIES

Firm/Company

11019 ASHFORD GABLE PL

Address

JACKSONVILLE / FLORIDA / 32257

City/State and Zip Code

HOPABLO02@GMAIL.COM

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

For further information concerning this matter, please call:

PABLO HERNANDEZ

Name of Person

904 3609169
at ()

Area Code & Daytime Telephone Number

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: P&O ROYAL PROPERTIES LLC
2. (a) 11019 ASHFORD GABLE PL JACKSONVILLE FL 32257
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
- (b) 11019 ASHFORD GABLE PL JACKSONVILLE FL
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
- 32257
3. 03/25/2021 Date of filing/registration in Florida
4. L21000139909 Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
PABLO HERNANDEZ
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
11019 ASHFORD GABLE PL
JACKSONVILLE, FL 32257
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
AIMARA ALVAREZ
NEW Registered Office Address:
11019 ASHFORD GABLE PL
JACKSONVILLE, FL 32257

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.

[Signature]
Signature of a member or authorized representative of a member

Pablo Hernandez
Printed or typed name of signer

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.

[Signature]
Signature of Registered Agent

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

FILED
2024 MAY 21 AM 8:48
TALLAHASSEE, FLORIDA