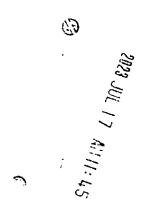
L21000 171 424

(Requestor's Name)				
(Address)				
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Coples	Certificates of Status			
Special Instituctions to	Filing Officer:			
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Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE. FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date: 07	7/17/2023				
Name:	Jennifer				
Reference #:	2067059				
Entity Name:	DURAN FINAI	NCIAL INVESTMENTS LLC			
☐ Articles of	of Incorporation/Authorize	ation to Transact Business			
Amendm	nent				
Change	of Agent				
Reinstate	ement				
Convers	ion				
Merger	☐ Merger				
☐ Dissolution/Withdrawal					
Fictitious	Name				
Other					
Authorized Amo	ount: 25.00				

F: 800.944.6607

COVER LETTER

то:	Registration Section Division of Corporations						
	,						
SUBJ	T.X. I	DURAN FINANCIAL INVESTMENTS LLC					
	Na	me of Li	mited Li	ability	Company		
Dear :	Sir or Madam:						
The e	nclosed Registered Agent/Registered Of	fice Cha	nge and	fee(s) a	are submitted for filing.		
Please	ereturn all correspondence concerning the	his matte	r to the	tollowi	ng:		
	JOSE L DURAN MENENDE	Z		_			
	Name of Person						
	DURAN FINANCIAL INVESTMEN	TS LLC					
	Firm/Company						
	8150 SW 72ND AVE, PH 22	:5					
	Address						
	City/State and Zip Code			_			
	MIAMI, FL 33143						
	E-mail address: (to be used for future an	nual repo	ort notifi	cation)	1		
For fu	rther information concerning this matter	r. please	call:				
	Catalina Stepanov	at (248)	663-3095		
	Name of Person	(Ārea	Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
	Enclosed is a check for the following	g amoun	t:				
	■ \$25 Filing Fee		□ \$5	5 Filing	g Fee & 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

i. Na	ame of the limited liability company:	DURAN FINANC	IAL INVESTMENTS LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3. 5. (a)	Date of filing/registration in Florida JOSE L DURAN MENENDEZ Registered Agent and Registered Office shown on the records of	4. the Florida Dept, of St	Document number
	Registered Office Address (MUST BE FLORIDA STREET) 8150 SW 72ND AVE, PH 225	ADDRESS)	_
	Miami . FI.	33143	2023
(b)	Cogency Global Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 115 North Calhoun Street, Suite	SELEPE TARY OF STATE OF CORPORATION	
	NEW Registered Office Address:		5 am
	Tallahassee [F]	32301	_
the cha agent v was/we	imited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered offi ability company, it of the limited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
Joseph	e Duran Wanndaz ture of a member or authorized representative of a member		Jose Duran
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agreements of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I do not in writing of this change. Assistant Secretary	ree to act in this ca performance of m d for in Chapter 60 hereby confirm tha	Printed or typed name of signee pacity. I further agree to comply with the values, and I am familiar with and accept 15, F.S. Or, if this document is being filed a the limited liability company has been
Signatu	re of Registered Agent		