Division of Corporations

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(((H23000192439 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620 Phone : (608)827-5300 Fax Number : (608)827-5501

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address: enrique.joespizza@gmail.com

## LLC REGISTERED AGENT CHANGE THE VILLAGE IN WYNWOOD LLC

Certificate of Status	0
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Fax Audit # H23000192439 3

## 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. N	ame of the limited liability company:THE VILLAGE	E IN WY	NWOOD	LLC		
2 (a)	234 NW 25th Street			V 25th Street		
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ ` `		Mailing address of fini (Note: MAYBE PO		
	Miami, Florida 33127	~	Miami.	Florida 33127	_	<del></del>
	4/22/2021	<del>-</del>	L2100013	87309		
<b>3</b> .	Date of filing/registration in Florida	. <u>4</u> . –		Document number		<del></del>
5. (a)	BUSINESS FILINGS INCORPORATED					
1.,	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of Sta	 le:		
	Registered Office Address IMUST BE FLORIDA STREET A	DDRESS)	V	_		
	1200 SOUTH PINE ISLAND ROAD			_		
	PLANTATION .FL	33324			<b></b> -	
(b)	Enrique Roy			_	❤ .	2023 -
	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	ress:	_		· .
	601 NE 27th Street Apt, 1806					25
	NEW Registered Office Address:			_	•	PΗ
					-	+:-
						$\frac{-}{\omega}$
	Miami , FL	33137		_		
he cha igent v vas/we he arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regist bility cou Tthe limi	ered offic npany, it i ted liabili	te and the business of is hereby confirmed ty company or as of	office of the cl	e registered lange(s)
	unife	En	ique Roy,	Member		
•	ture of a member or authorized representative of a member			Printed or typed name	-	
ощие	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I in I in writing of this change.	e to act performa for in C ereby co	n this cap nee of my hapter 60, nfirm that	xacity. I further agr duties, and I am fu 5, F.S. Or, if this de the limited Itability	ree to comp miliar with ocument is company	lly with the and accep being filed has been
Signam	re of Registered Agent					

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