L21000194005

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

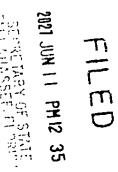




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JUL 15 2021 A RAMSEY

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divisio	n of Corporatio	ons			
SUBJECT: _	Mr.	Boat	Mia~.	Rent als	ردر
Dear Sir or Mac	łam:				
The enclosed Re	egistered Agen	t/Registered Office	e Change and	fee(s) are submitted for	filing.
Please return all	l correspondenc	ce concerning this	matter to the f	ollowing:	
		ero, Esq. of Person Company			
240 SL	_ & +L Add	Ave			
		33 (30 and Zip Code eacher of a ed for future annua			
		ning this matter, p		,	
Stephe	Same of Person	CQ (o	at (<u>954</u>) 483-001 Area Code & Daytim	7 e Telephone Number
Registi Divisio P.O. B	g Address: ration Section on of Corporat ox 6327 assec, FL 323	tions		Street Address: Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe Stallahassee, FL 323	ations hassee reet, Suite 810
Enclose	ed is a check fo	or the following a	mount:		
Q \$25	Filing Fee		□ \$5	5 Filing Fee & Certifie	d Сору

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	Name of the limited liability company: Mr. Boot	Mioni Retals LLC	
	(a) 13456 NW 38th Ct (b) 1	3456 NL 38th C+	,
. (Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)	
	Opa Locka, Fl 33054	Spa Lockes Fl 33	05
	O イーン6ー21 C Date of filing/registration in Florida 4.	21000194005	
3.		Document number	
5. (a	(a) A.rcaft Service Providers LL	244	
	Registered Agent and Registered Office shown on the records of the Florida Dep	State: State:	`
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		\ =
			~1
	OPA Cucka FL 330	54 Fig 2 1	
	.11. 33. 33	70 5	_
(b	(b) Grace Law Grup Enter name of NEW Registered Agent and/or NEW Registered Office address	35	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u>	:	
	240 SL 8" ALR		
	NEW Registered Office Address:		
	M.an: FL 3313	<u> </u>	
chang agent was/v	the limited liability company is not organized under the laws of the Stat ange or changes are made, the Florida street address of the registered of ent will be identical. Or, in the case of a Florida limited liability compass/were authorized by an affirmative vote of the members of the limited exarticles of organization or the operating agreement of the limited liability.	fice and the business office of the registere ny, it is hereby confirmed that the change(liability company or as otherwise provided	ed (s)
	Signature of a member or authorized representative of a member	Printed or typed name of signee	
Lbor	borney account the approintment as registered agent and agree to act in to	nis canacity. I further agree to comply wit	h the
provi the oi to me	weren's accept the appointment as registered agen (that agree to det in viving) of all statutes relative to the proper and complete performance of obligations of my position as registered agent as provided for in Chap merely reflect a change in the registered office address, I hereby confir tified in writing of this change.	of my duties, and I am familiar with and a ter 605, F.S. Or, if this document is being in that the limited liability company has be	iccept filed en

Signature of Registered Agent