

L21000 201293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

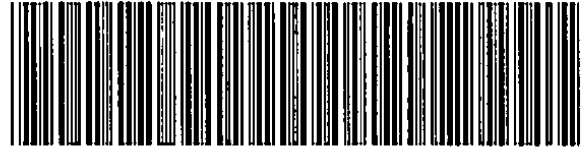
(Business Entity Name)

(Document Number)

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2021 11 - 8 PM 2:07
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QUE BACAN 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:

ARIANNA CARRINGTON-HOOKER

Name of Person

INNOVATIVE TAX SOLUTIONS OF CENTRAL FLORIDA INC

Firm/Company

1678 E SILVER STAR RD

Address

OCFEE FL 34761

City/State and Zip Code

INFO@ITSCTFL.COM

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

For further information concerning this matter, please call:

ARIANNA CARRINGTON-HOOKER

407

499-2967

at (_____) _____

Name of Person

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: QUE BACAN LLC

2. (a) 14680 WESTERLY DRIVE (b) 14680 WESTERLY DRIVE

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

APT 5128

APT 5128

WINTER GARDEN FL 34787

WINTER GARDEN FL 34787

04/30/2021

L21000201293

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

5. (a) GIL, ERNESTO L

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

14680 WESTERLY DRIVE APT 5128

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

WINTER GARDEN, FL 34787

(b) INNOVATIVE TAX SOLUTIONS OF CENTRAL FLORIDA INC

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

NEW Registered Office Address:

1678 E SILVER STAR RD

OCOE, FL 34761

FILED
2021 NOV -8 PM 2:01
TALLAHASSEE, FL
STATE

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

ERNESTO L GIL

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.

[Signature]
Signature of Registered Agent

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