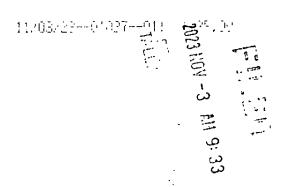
## 

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## COVER LETTER

TO: Registration Section Division of Corporations	
ATHENEA GROUP LLC SUBJECT:	
Name of Limited L	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:
YANIRET MACIAS	
Name of Person	<del></del>
ATHENEA GROUP LLC	
Firm/Company	<del></del>
8200 NW 41ST ST	
Address	<del>_</del>
STE 200	
City/State and Zip Code	<del></del>
DORAL, FL 33166	
E-mail address: (to be used for future annual report notice	fication)
For further information concerning this matter, please call:	
YANIRET MACIAS 786 at (	6946957
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
rananassee, r d 52514	Tallabassas El 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.

	ame of the limited liability company:		(b) 8200 NW	41ST ST
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	'	.0)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	STE 200		STE 200	
	DORAL, FL 33166	_	DORAL,	FL 33166
	05/07/2021		L21000214	
3. 5. (a)	Date of filing/registration in Florida YANIRET MACIAS	4.		Document number 1 SEC 100 100
). (u)	Registered Agent and Registered Office shown on the records of to 7950 NW 53 RD STREET	he Flori	da Dept. of Sta	ن ت
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE:	55)	9. 33
	DORAL , FL	33166		
(b)	YANIRET MACIAS  Enter name of NEW Registered Agent and/or NEW Registered 8200 NW 41ST ST	Office a	address:	_
	NEW Registered Office Address:			_
	STE 200		<u></u>	_
	DORAL, FL	33166		_
change agent v was/w	imited liability company is not organized under the laws or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of these of organization or the operating agreement of the	registe bility of f the li	red office ar company, it i mited liabili	id the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	Marie 1	YA	NIRET MA	CIAS
_	ture of a momber of authorized representative of a member			Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agri ions of all statules relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a chango in the registered office address. I h d in writing of this change.	re to ac perfori l for in ereby	ct in this cap nance of my Chapter 60. confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

Signature of Registere