121000245259

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

Office Use Only



800367663788

06/07/21--01018--023 **25.00



COVER LETTER

TO: Registration Section Division of Corporations		•						
Infinite Potential Expo, LLC SUBJECT:								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office	e Change and fe	ee(s) are submitted for filing.						
Please return all correspondence concerning this	matter to the fo	ellowing:						
Frank Ortiz		_						
Name of Person								
Infinite Potential Expo, LLC								
Firm/Company								
3300 NW 3rd Avenue Apt. 201								
Address		_						
Pompano Beach, Florida 33064								
City/State and Zip Code		_						
Frankortiz954@gmail.com								
E-mail address: (to be used for future annua	il report notific	ation)						
For further information concerning this matter, pl	lease call:							
Frank Ortiz	754	207-0420						
Name of Person	_ at (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 as	mount:							
\$25 Filing Fee	55	Filing Fee & Certified Copy						
NHS18 (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.

a)		_	(b)				
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability com (Note: MAY BE POST OFFICE BO				
330	00 NW 3rd Avenue. Apt. 201	_	3300 NW 3rd A	venue.	Apt. 201		
Por	mpano Beach, Florida 33064	<u>-</u>	Pompano Beacl	n, Florida	33064		
05/3	26/2021		L21000245259				
	Date of filing/registration in Florida	4.	Dox	ument n	umber		
(a) Roy	y C. Smiley, II						
Reg	gistered Agent and Registered Office shown on the records of the 700 WEST ATLANTIC BLVD	e Flori	da Dept. of State:				
	gistered Office Address (MUST BE FLORIDA STREET AL) ite 205	DDRE	<u>SS)</u>				
PO	OMPANO BEACH , FL_	3069			7.5. 28.		
b) Fran	nk Ortiz				2021 JUN -7	~ ;	
	er name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>)ffice :	address:		ASS.	; ;	
330	00 NW 3rd Avenue				2021 JUN -7 AH 4: 27	1	
NE	<u>W</u> Registered Office Address:					•	
Ap	ot. 201				ion A		
Por	mpano Beach, , FL 3.	3064					
ige or o it will b /were a	ed liability company is not organized under the laws changes are made, the Florida street address of the rebe identical. Or, in the case of a Florida limited liab authorized by an affirmative vote of the members of sof organization or the operating agreement of the limited liab authorized by an affirmative vote of a member of authorized representative of a member	of the egiste ility of the li mited	ered office and the company, it is her mited liability co I liability compan	business by conf mpany or y-	s office of the register irmed that the change	red e(s)	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Signature of Registered Agent