L21000261297

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
Office Use Only

17 4

8



07/18/23--01011--006 ++25.00

FILED 2023 JUL 18 PH 12: 55

. 3 2223

COVER LETTER

TO: **Registration Section Division of Corporations**

GROUP LLC FSC SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

l'lease return all correspondence concerning this matter to the following:

Castellanos

FSC GROUP

Firm/Company

MAIN ST. STE 25 (WESTON) 1825 Address

WESTON, FL, 33326 City/State and Zip Code

ncastellanos @ appclubby. com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call-

Nathali. Clastellanos	ut (954	6819852
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

;

18 PH 12:

പ

Enclosed is a check for the following amount:

24 \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Printed or typed name of signee

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.

	me of the limited liability company: <u>FSC 6R0</u> <u>1825 MIN ST. STE 25, WESTON, FL, 33326</u> Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		(b) <u>1825 MAH ST. STE 25. WESTON, FL, 3</u> 33 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	06/04 2021 Date of filing/registration in Florida	4.	L21000261297 Document number
. (a)	Registered Agent and Registered Office shown on the records of the		
	Registered Agent and Registered Office shown on the records of the	Flor	ida Dept. of State:
	UNITED CORPORATE SERVICE), INC.		
	Registered Office Address (MUST BE FLORIDA STREET AD.	<u>DRE</u>	333)
	3458 LAKESHORE DRIVE		<u></u>
	TALLAHASSEE	32	312
(b)			
(0)	Enter name of NEW Registered Agent and/or NEW Registered Of		
	OCEANNIEW FINANCIALS INC. NEW Registered Office Address:		
	•	<u>~</u> -	
	1001 BRICKFLI BAY DR. STE	1-	
	MIAMI FL	33	131
hange gent v vas/we ne arti	united liability company is not organized under the laws or changes are made, the Florida street address of the re- vill be identical. Or, in the case of a Florida limited liabil are authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the lim affirmation of the operating agreement of the lim	of th giste lity he li	the State of Florida, it is hereby confirmed that after the bred office and the business office of the registered company, it is hereby confirmed that the change(s) imited liability company or as otherwise provided in

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.

Johan Gutierrez

Signature of a member or authorized representative of a member

Signature of Registered Agent

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