

4/7/23, 10:51

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L2100031759

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MONAHAN MIJARES CPA PA
Account Number : 120050000157
Phone : (305)407-1438
Fax Number : (305)397-1003

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
FUNDINOXA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2023 JUL -5 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 JUL -5 PM 1:41

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Corporate Filing Menu

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JUL 06 2023

K Brumley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FUNDINOXA 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:

Roark R. Monahan, CPA

Name of Person

MONAHAN-MIJARES CPA, PA

Firm/Company

75 Valencia Ave, Suite 703

Address

Coral Gables, FL 33134

City/State and Zip Code

elismor.castillo@monahanmijares.com

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

For further information concerning this matter, please call:

Roark R. Monahan

at (305) 407-1440

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: FUNDINOXA LLC
2. (a) Principal office address of limited liability company.
(Note: MUST BE STREET ADDRESS)

07/07/2021
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

L21000311759
3. Date of filing/registration in Florida
4. Document number
5. (a) GUTIERREZ, JORGE
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
7620NW 25TH ST
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SUITE 9
MIAMI, FL 33122
- (b) MONAHAN-MIJARES CPA, PA
Enter name of NEW Registered Agent and/or NEW Registered Office address:
75 VALENCIA AVE
NEW Registered Office Address:
SUITE 703

CORAL GABLES, FL 33134

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 of a member or authorized representative of a member

Printed or typed name of signer

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 of Registered Agent

4/19/23

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

NHS18 (2/14)

2023 JUL -5 PM 1:44
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TALLAHASSEE, FLORIDA

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