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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. Na	me of the limited liability company: <u>Sakura</u>	Style	Bou	tieve	_ LL(.	
2. (a)	(2.2.1 (O*)A)	•	(2:	1 ^	g Z Z a		· · · · · · · · · · · · · · · · · · ·
4. (a)	Principal office address of limited liability company:	_ (0)			iress of limite		
	(Note: MUST BE STREET ADDRESS)			(Note: N	AY BE POS	T OFFICE	BOX)
		<u> </u>					
	Boynton Beach FL 33426	 -	Buy	nton	Beach	FL	33426
	7/13/21		1.21	000	31903	0	
3.	Date of filing/registration in Florida	4.			nt number		••••
- />		<u> </u>	Τ.,,				
5. (a)	United States Corporation Ag Registered Agent and Registered Office shown on the records of the	ne Florida I	Dept. of State	- 2:			
	5575 S. Semoran Blvd.		•				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		=		21	
		27 27 11 27 12 17 7				2022 SEF	2
	6027			-		臣	•
	Orlando , FL	_328	<u> </u>	-		-9	٠.
(b)	Ricardo Hernandez					PH 3: 05	_ e i
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	-		ယ္	
	(22)					, û	
	1221 Piazza Antinoci			_			
	NEW Registered Office Address:						
				-			
	Boynton Beach , FI.	<u>3</u> 34	26				
If the l	imited liability company is not organized under the law	s of the S	State of Flo	orida it i	s hereby co	nfirmed t	hat after the
change	or changes are made, the Florida street address of the	registered	l office an	d the bus	iness office	of the re	gistered
	will be identical. Or, in the case of a Florida limited lial cre authorized by an affirmative vote of the members of						
the art	icles of organization of the operating agreement of the l	limited lia	ability con	ipany.			
	sture of a member or authorized representative of a member		Rica	rdo	Herman r typed name	dez	
	/ /				* -	_	ala antal di
provis the ob to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d in writing of this change.	ee to act i performa I for in Cl vereby cor	n this cap nce of my hapter 605 nfirm that	acity. I f duties, ar 5, F.S. O the limite	urther agre nd I am fam r, if this doc ed liability o	e to comp uiliar with cument is company	ory with the and accept being filed has been

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

Ricardo Herrandez Signature of Registered Agent