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(Re	questor's Name)			
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PICK-UP	WAIT	MAIL		
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COVER LETTER

	Registration Section Division of Corporations		s.			
SUBJE	Patron Cigars LLC					
	Name of Limited Liability Company					
Dear Sir	or Madam:					
The encl	losed Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.			
Please re	eturn all correspondence concernir	ig this matter to the	e following:			
Saul M. l	Patron					
	Name of Person					
	Firm/Company					
1781 sw	Gloria Lane					
	Address					
Port Sain	t Lucie, FL 34953					
	City/State and Zip Co	de				
Saulpatro	on@gmail.com					
E-1	mail address: (to be used for future	annual report noti	ification)			
For furth	ner information concerning this ma	itter, please call:				
Saul M. I	Patron Patron	787 at (385-1392			
	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			
j	Enclosed is a check for the follov	ving amount:				
(■ \$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)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Port saint lucie, FL, 34953		(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Port saint lucie, FL, 34953		
	Date of filing/registration in Florida	4.		Document nur	nber
a)	Sunshine Corporate Filings LLC				
	Registered Agent and Registered Office shown on the records of the 7901 4th st n	ne Florid	a De	ept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET A. ste 300				
	ST. Petersburg	33702			r::: 2021 SEP
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : 1781 sw Gloria Lanc			<u>ss</u> ;	3 PH 4:4
	NEW Registered Office Address:				-
	Port Saint Lucie . FL	34953			
ge t w we	mited liability company is not organized under the laws or changes are made, the Florida street address of the real be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable.	egister oility co the lin mited	ed o omp titeo liab	office and the business of pany, it is hereby confined I liability company or a	office of the registered med that the change(s)
กสโ	ure of a member or authorized representative of a member		<u>-</u>	Printed or typed	name of signee
et isio	y accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I have	e to aci erform	t in anc	this capacity. I further e of my duties, and I an	agree to comply with and acc

Signature of Registered Agent