

K21000354875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

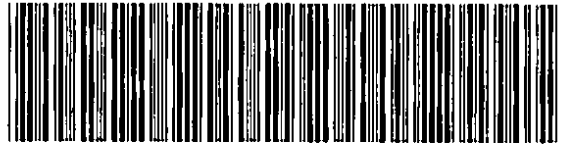
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2021 NOV 30 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FL 32399

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 NOV 03 11:06:42

November 3, 2021

SUSANA M ESQUIVEL
8230 SW 34TH TER
MIAMI, FL 33155 US

SUBJECT: ARTCRU LLC
Ref. Number: L21000354875

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 221A00026851

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARTCRU 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:

SUSANA M. ESQUIVE

Name of Person

RQ AND ASSOCIATES INC

Firm/Company

8230 SW 34TH TER

Address

MIAMI, FL 33155

City/State and Zip Code

RQ ASSOCIATES INC @ GMAIL.COM

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

For further information concerning this matter, please call:

SUSANA M ESQUIVE at (305) 773-7920

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: ARTCRU LLC
2. (a) 8230 SW 34TH TER, MIAMI FL 33155 (b) 8230 SW 34TH TER, MIAMI FL 33155
Principal office address of limited liability company: 33155 Mailing address of limited liability company: 33155
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 08/05/2021 Date of filing/registration in Florida 4. L21000354875 Document number

5. (a) ABITOS PLLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
255 ARAGON AVE, 2ND FLOOR
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

CORAL GABLES, FL 33134

- (b) SUSANA M. ESQUIVEL
Enter name of NEW Registered Agent and/or NEW Registered Office address:

8230 SW 34TH TER
NEW Registered Office Address:

MIAMI, FL 33155

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2021 NOV 30 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FL 32314
DB

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]
Signature of a member or authorized representative of a member

LUCAS KOKOGIAN

Printed or typed name of signee

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]
Signature of Registered Agent