

L21000363019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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(Business Entity Name)

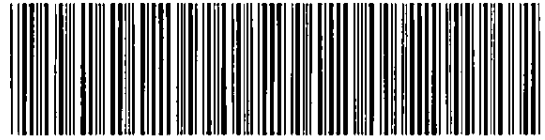
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ENSO NEONATAL INNOVATION 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:

Mrs Sarah DELOUYA
Name of Contact Person

ENSO NEONATAL INNOVATION
Firm/Company

~~803 NW 18th St~~ 9200 E Bay Harbor DR Apt 10
Address

~~Delray Beach FL 33434~~ Bay Harbor Islands 33154, FL
City/State and Zip Code

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

For further information concerning this matter, please call:

Mrs Sarah Delouya at (645) 200-2633
Name of Contact 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: ENSO NEONATH INNOVATION LLC

2. (a) 303 NW 18th Street (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

DELRAY BEACH FL 33444 _____

3. _____ Date of filing/registration in Florida 4. L21000363019 Document number

5. (a) MR. COURCHIA BENJAMIN
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
9381 E BAY HARBOR DR - APT 303N
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Bay Harbor Islands FL 33154

(b) MRS Sarah DELOUYA
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
9381 E Bay Harbor Dr - Apt 10
NEW Registered Office Address:

Bay Harbor Islands FL 33154

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 with change was authorized by the Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by the board, or the consent of the members of the limited liability company or as otherwise provided in the articles of incorporation or the operating agreement of the limited liability company.

Signature of an officer or director or authorized representative of a member

BENJAMIN COURCHIA CEO
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 of Registered Agent