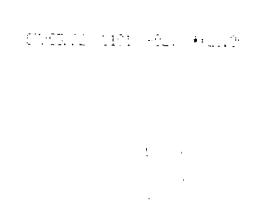
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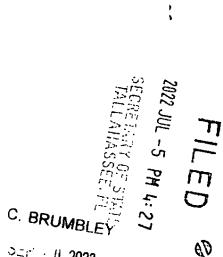
(Requestor's Name)
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,
(City/State/Zip/Phone #)
(Only/State/2/p/Fillone #)
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SEF : U 2022

COVER LETTER

Division of Corporations	
SUBJECT: Aluso LLC	
Name	e of Limited Liability Company
Dear Sir or Madam.	
The enclosed Registered Agent/Registered Offic	te Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Silvia Vazquez	
Name of Person	
Firm/Company	
, ,	An
2041 Quail Roost	
Weston, Fl, 3337 City/State and Zip Code	. 7
abc1management@ E-mail address: (to be used for future annu	
For further information concerning this matter, p	olease call:
Silvia Vazquez Name of Person	at (959)918 0809 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 a	nnount:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (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.

1	Na	me of the limited liability company. Aluso	, L.L.	C			
2	(a)	170 SE 7th way	(h)	2041	avail	Roos	st dr.
	/	Principal office address of limited itability company. (Note: MUST BE STREET ADDRESS)	<u> </u>	Maih	ng address of limi		
		Pampano Beach, Fl			sten.	<u> </u>	<u>,,,,,,,</u> 33327
		•			-1011	<u>' </u>	1000
		<u> 33060</u>					
		09/07/7021		L2.	100039	7023	
3		Date of filing/registration in Florida	4		cument number		
5	(a)	Marisa Stevenazzi					
		Registered Agent and Registered Office shown on the records of the		_		3E0	?n??
		6538 Collins Av.		, 374			
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)			<u> </u>	<u>'</u> 5
		Naice and August	20.71				हू गा
		Miami Beach , FL	2019	<u> </u>		्णाः जन्तं र	
	(þ)	Silvia Vazquez					
		Enter name of NEW Registered Agent and/or NEW Registered C	Office address	2			Ø _E
		2041 Quail Roost dr.					
		NEW Registered Office Address:					
		Weston					
		. Fil.	3337	27			
15.	•la. 1.				To the beautiful to the con-		
ch: age wa	ange ent w is/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the re fill be identical. Or, in the case of a Florida limited hab he authorized by an affirmative vote of the members of these of organization or the operating agreement of the li-	egistered of ility compa the limited mited liabil	ffice and the my, it is her liability con lity compan	e business office by confirmed mpany or as of y.	te of the reg that the ch herwise pro	gistered kinge(s)
	Signati	are of a mediter or authorized representative of a member		<u> </u>	in Vot	Tero	
l) pro the to no	hereb ovisia obli mere tiftea	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office wideess. I he inviting of this change.	z to act in to erformance for in Chap	his capacity of my dutienter 605, F.S	r. I further agre s. and I am fai s. Or, if this de	ee to comp niliar with scurrent is:	and accept being filed