Division of Corporations

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC. Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\* Email Address:\_\_\_

## LLC REGISTERED AGENT CHANGE FARINA SERVICES LLC

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S. PRATHER

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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. N	ame of the limited liability company: FARINA SERVI	CES LLC	
2. (a)	1417 SE 24TH AVE	(b) 1417 SI	E 24TH AVE
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	APT D	APT D	
	CAPE CORAL, FL 33990	CAPE	CAPE CORAL, FL 33990
	09/07/2021	L210003	97036
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	FARINA, LUIS O		
J. ( <b>u</b> )	Registered Agent and Registered Office shown on the records of 1417 SE 24TH AVE	the Florida Dept. of S	state:
	Registered Office Address (MUST BE FLORIDA STREET  APT D	ADDRESS)	_
(b)	CAPE CORAL	33990	
	Corporate Maintenance Services LLC		E SEP
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	FILE P 27 TARY O IASSEE.
	1000 Brickell Avenue, Suite 400		
	NEW Registered Office Address:		AMII: 08 F STATE FLORIDA
	Miami , Fl	33131	
chang- agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered office a ability company, it of the limited liabi limited liability co	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
Signature of a member or authorized representative of a member		ols, Attorney-in-Fact  Printed or typed name of signee	
I here provis the ob to mer	by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I did not writing of this change.	ree to act in this co performance of m d for in Chapter 6 hereby confirm tha	macity. I further agree to comply with the
	Nicholas Nichols, Attor	ney-in-Fact	
Signati	ire of Registered Agent		