La1000430705

(Requestor's Name)						
(,						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer: 10716 23						

Office Use July



300413814813

S. CHATHANIA

08/14/23--01028--011 **35.00

COVER LETTER

TO:	Amendment Section Division of Corporations	
SU BJ Name	ECT: CONTROLOGY, LLC of Corporation	
DOC	UMENT NUMBER: L21000430750	
The er	nclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this	matter to the following:
ROBE	ERTO CLIVIO	
Name	of Contact Person	
CONT	TROLOGY, LLC	
Firm/	Company	
11901	SW 68TH COURT	
Addre	SS	
MIAM	41, FL 33156	
City/S	tate and Zip Code	
	CLIVIOROBERTO@GMAI	L.COM
E-ma	il address: (to be used for future annual	report notification)
For fu	rther information concerning this matter, p	please call:
ROBE	RTO CLIVIO	at (786)747-6822
	Name of Contact Person	at (786) 747-6822 Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address:
		Amendment Section
	Division of Corporations	Division of Corporations The Centre of Tallahassee
	P.O. Box 6327	The Centre of Tahanassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314



September 13, 2023

ROBERTO CLIVIO 11901 SW 68TH COURT MIAMI, FL 33156 US

SUBJECT: CONTROLOGY LLC Ref. Number: L21000430705

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

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

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham Regulatory Specialist III Director's Office

C . . . 3

Letter Number: 323A00020994

COVER LETTER

TO:	O: Registration Section Division of Corporations UBJECT:						
SUBJI							
		Name of Lin	nited Lia	bility Company			
Dear S	ir or Madam:						
The en	closed Registere	ed Agent/Registered Office Chan	ge and fo	ee(s) are submitted for filing.			
Please	return all corres	pondence concerning this matter	to the fo	llowing:			
	Robento	CLIVIO Name of Person					
		Name of Person					
	CONTROL	Firm/Company					
		Firm/Company					
1	11901 SW	68TH COUNT		_			
		Address					
	Miami.	FL 33156 ity/State and Zip Code					
	Ci	ty/State and Zip Code		### ##################################			
	حاما مادن	ENTO E GMAIL. COM to be used for future annual repor					
ŗ	z-maii address: (to be used for future annual repor	n nome	ation)			
For fu	rther informatior	concerning this matter, please c	all:				
	Roberto	Civio at (_	786	<u>717-6822</u>			
	Name	of Person	1	Area Code & Daytime Telephone Number			
	Mailing Add Registration S Division of C P.O. Box 632 Tallahassee, I	Section Torporations 7		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 H	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. Nan	ne of the limited liability company:	Molosy, l	ıc	
2. (a) _		(b)		
~ (") _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	office address of limited liability company:		
	11901 SW G8TH COUNT		11901 50	S 68 TH COURT
	MIAMI FL 33156	<u> </u>	MIAMI	FL 33156
	9/20/2021		L 2100	0430706
3.	Date of filing/registration in Florida	4.	Document i	· · · · · · · · · · · · · · · · · · ·
5 (a)	TAMA CLIVIO			~?:
5. (a) _	Registered Agent and Registered Office shown on the records	of the Florida Dept.	of State:	
				-
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			~ '.
·				77.
	10195 SW 75TH PURCE			, ö
	MIAMI FL 33156	FL 33156		06
(b) _	TAIL CLIVIO Enter name of NEW Registered Agent and/or NEW Register	red Office address:		
	NEW Registered Office Address:			
•	11901 SW 68 TH COURT			
	MīAMi	FL_33156		
change of agent wi was/wer	mited liability company is not organized under the lor changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited to authorized by an affirmative vote of the members less of organization or the operating agreement of the	he registered off liability compan s of the limited l	ice and the busine by, it is hereby con iability company (ss office of the registered firmed that the change(s)
			ROBERTO	Civis
Signatu	re of a member or authorized representative of a member		Printed or typ	oed name of signee
provisió the oblig to merel	w accept the appointment as registered agent and a ons of all statutes relative to the proper and complet gations of my position as registered agent as provid by reflect a change in the registered office address, in writing of this change.	te pertormance o	of my duties, and I	am familiar with and accept

Signature of Registered Agent