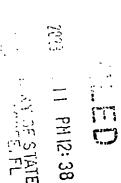
L21000469033

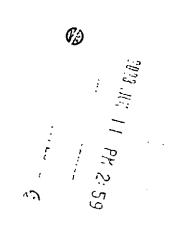
| | (Requestor's Name) | | | | | |
|-------------------------|--------------------------|--|--|--|--|--|
| | (Address) | | | | | |
| | (Address) | | | | | |
| / | (City/State/Zip/Phone #) | | | | | |
| PICK-UP | WAIT MAIL | | | | | |
| | (Business Entity Name) | | | | | |
| (Document Number) | | | |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

Office Use Only



600411828946





Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com





ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810

Tallahassee FL 32303

Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE: 7/11/2023

PRIORITY Regular Approval

OUR REF.#_(Order_ID#)_ 1150932

ORDER ENTITY

BASTOS LEGAL SERVICES LLC

| File the attached change of agent document | |
|--|------|
| NOTES: \$25.00 Authorized | |

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, July 11, 2023 Page 1 of 1

COVER LETTER

Registration Section

TO:

INHS18 (2/14)

| Division of Corporations BASTOS LEGAL SERVICES LLC | | | | | | | |
|---|--|---|--|--|--|--|--|
| SUBJECT: | BASTOS LEGAL SERVICES LLC Name of Limited Liability Company | | | | | | |
| Dear Sir or Madam: | | | | | | | |
| The enclosed Registered Agent/Registered Office | : Change and fe | ee(s) are submitted for filing. | | | | | |
| Please return all correspondence concerning this | matter to the fo | llowing: | | | | | |
| PAULO BASTOS DE FREITAS | | | | | | | |
| Name of Person | | _ | | | | | |
| BASTOS LEGAL SERVICES LLC | | | | | | | |
| Firm/Company | | _ | | | | | |
| 301 YAMATO RD STE 1199, SUITE 1199 | | | | | | | |
| Address | | | | | | | |
| BOCA RATON, FL 33431 | | | | | | | |
| City/State and Zip Code | | _ | | | | | |
| bastos@expathimmigration.com | | | | | | | |
| E-mail address: (to be used for future annua | l report notifica | ation) | | | | | |
| For further information concerning this matter, pl | ease call: | | | | | | |
| PAULO BASTOS DE FREITAS | 814 at (| 3218959 | | | | | |
| Name of Person | · ar (| Area Code & Daytime Telephone Numbe | | | | | |
| Mailing Address: | | Street Address: | | | | | |
| Registration Section | | Registration Section | | | | | |
| Division of Corporations | | Division of Corporations | | | | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | | | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | | |
| Enclosed is a check for the following an | nount: | | | | | | |
| \$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. N | ame of the limited liability company: BASTOS LEGAL | L SER | VIC | ES LLC | | | | |
|---------------------------------------|--|--|------------------------------|--|---|---|---------------------------------------|---|
| 2. (a) | 301 YAMATO RD STE 1199 | · - | (b) | 1540 GLE | ENWAY DRIVE | | | |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ | (0) | | Mailing address of I (Note: MAY BE | | | |
| | SUITE 1199 | | | | | | | |
| | BOCA RATON, FL 33431 | | | TALLAHA | ASSEE, FL 3230 | 1 | | |
| | 10/28/2021 | | l | _21000469 | 9033 | | | |
| 3. | Date of filing/registration in Florida | - 4. | _ | | Document num | ber | | ., . |
| 5. (a | BASTOS DE FREITAS, PAULO | | | | | | | |
| J. (u) | Registered Agent and Registered Office shown on the records of 301 YAMATO RD STE 1199 | the Flor | ida I | Dept. of State | de: | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) SUITE 1199 | ADDRE | <u></u> | | _ | | <i>1</i> 073 | |
| | BOCA RATON . FL | 33431 | | | _ | | • | |
| (b) | INCORPORATING SERVICES, LTD. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : | | | _ | NY OF STA | 1 PM 12: 38 | | |
| | 1540 GLENWAY DRIVE | | | | | | 88 | |
| | NEW Registered Office Address: | | | | _ | | | |
| | TALLAHASSEE, FI. | 32301 | | _ | _ | | | |
| chang agent was/w | limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liarere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | registe ability of the li limited | erec con imit f lia | l office and apany, it is ted liability to a billity con | d the business of s hereby confirm y company or as | ffice of th led that th otherwis | e regis ie chan | tered ge(s) |
| Sign | ature of a member or authorized representative of a member | _ | | | Printed or typed na | ame of sign | ce | _ _ |
| provis the ob to men notific | pby accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided with reflect a change in the registered office address, I have a light the change of this change. | ee to a perfori d for in hereby | et i man i Cl con | n this capa ice of my a apter 605 ifirm that i | acity. I further a duties, and I am 5, F.S. Or, if this the limited liabil | igree to c familiar y documer lity compa | omply with an u is be my has | with the d accept ing filed heen |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00