L22000034595

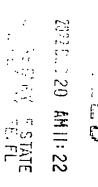
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(engression tiple my
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Obtained depice
Special Instructions to Filing Officer:

Office Use Only



600399114116

12/20/22--01012--022 **25.00



COVER LETTER

TO: Registration Section Division of Corporations		
TOP REALTY SERVICES LLC SUBJECT:		
	ne of Limited L	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	fice Change and	I fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the	following:
GREIZYS I. GARRIDO VASQUEZ		
Name of Person		
TOP RELATY SERVICES LLC		
Firm/Company		
18273 Oliver Twist Way		
Address		
Winter Garden, Fl. 34787		
City/State and Zip Code	-	
toprealtys@gmail.com		
E-mail address: (to be used for future and	nual report noti	fication)
For further information concerning this matter	, please call;	
Gretzys I. Garrido Vasquez	321 at (9006118
Name of Person	at (Area Code & Daytime Telephone Numbe
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	g 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.

2. (a)	18273 Oliver Twist Way, Winter Garden, FL 34787		18273 Oliver Twist Way (b)						
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0).	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
			Winter Garden. FL 34787						
	01 18 2022		220000345	95	_				
3 .	Date of filing/registration in Florida	4.	-	Document nun	ıber				
i. (a)									
	Registered Agent and Registered Office shown on the records of BASTARDO H., MARIA S	of the Florida D	ept. of State	:					
	Registered Office Address <u>(MUST BE FLORIDA STREET</u>) 13790 Bridgewanter Crossings Blvd Suite 1080		Ş	202					
	Windermere, F	34786 L				3: 32	*		
41.5					300	20	1		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addre			en e	ŔΉ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Gretzys I. Garrido Vasquez		_		STATE	AH II: 22	O		
	NEW Registered Office Address:								
	18273 Oliver Twist Way		<u>-</u>						
	Winter Garden , F	L_34787							
tange gent w as/we	mited liability company is not organized under the la or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited li re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registered of iability computer of the limite c limited liab	office and pany, it is l d liability ility comp	the business o hereby confirm company or as pany	ffice of ned that others	the re t the ch vise pr	gistered nange(s) ovided in		
Signati	are of a member at thorized representative of a member		2/6/5	YS - OK Printed or typed n	<u> </u>	<u>00</u>	Vasque:		
hereh rovisio e obli mere	y accept the appointment as registered agent and agons of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address. I im writing of this change.	ree to act in performanced for in Cha hereby confi	this canac	rity I further i	roree ti	o camr	ly with the and accept being filed has been		