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COVER LETTER

ALLC	
Name of Limited	Liability Company
Office Change and	fee(s) are submitted for filing.
g this matter to the	following:
	
	
	
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annual report noti	fication)
ter, please call:	
561	329-8702
at (Area Code & Daytime Telephone Number
	Street Address:
	Registration Section
	Division of Corporations
	The Centre of Tallahassee
	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Name of Limited I

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

\$25 Filing Fee

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)		(h)		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 150 E PALMETTO PARK RD SUITE 201 BOCA RATON FL.33432		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 150 E PALMETTO PARK RD SUTTE 201 BOCA RATON FL 33-432	
	01/27/2022	1.22	.220xxxx49101	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of ADRIAN RODRIGUEZ	of the Florida De	Dept. of State:	
	Registered Office Address	<u> (ADDRESS)</u>		
	BOCA RATON, F	33432 TL		
(b)			2022 1ALL	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> ADRIAN RODRIGUEZ		2022 JUN 27 PH	-1 -= :
	NEW Registered Office Address: 150 E PALMETTO PARK RD SUITE 201		2: OR	0
	BOCA RATON	33432 L	10 P	
change ngent was/we was/we he arti Signal Signal I herei provisi he obto	imited liability company is not organized under the later changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited level authorized by an affirmative vote of the members cles of organization or the operating agreement of the during a member of	e registered of iability comp of the limited liab	office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided is bility company. Alrian Podriguez Printed or typed name of signee This capacity. I further agree to comply with	in