L22	000	058 815
(Requestor's Name) (Address) (Address)		700395477847
(City/State/Zip/Phon		
(Document Number) Certified Copies Certificate Special Instructions to Filing Officer:		22 OCT 11 AM 5: 39
Office Use Or	IV MA	÷ o

,

## **COVER LETTER**

## TO: Registration Section Division of Corporations

CUETO HOLDINGS LLC

SUBJECT:

•

•

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NESTOR CUETO					
Name of Person					
CUETO HOLDINGS LLC					
Firm/Com	pany				
2030 S DOUGLAS RD, SUITE 202					
Address					
CORAL GABLES, FL 33134					
City/State and	Zip Code				
ncucto@cuctoeng.com					

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NESTOR CUETO	954 260-8002 at ()
Name of Person	Area Code & Daytime Telephone Number
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	e following amount:
🖬 \$25 Filing Fee	\$55 Filing Fee & Certified Copy

고 196년 전 11 전 5: 39

INHS18 (2/14)

## •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. Na	ame of the limited liability c	CUETO HOLDIN	GS LL	.C				
2. (a)	CUETO HOLDINGS LLC			(b)	CUETO HOLDING	IS LLC		
2. ( <b>u</b> )	-	Tlimited liability company: STREET ADDRESS		(0)	Mailing ad	dress of limited liability MAY BE POST OFFICI	-	-
	2030 S DOUGLAS RD, SU	TE 202	_		2030 S DOUGLAS	RD, SUITE 202		
	CORAL GABLES, FL 3313	•	<del></del>		CORAL GABLES,	FL 33134		
	01/19/2022			Ł	22000058815			
3. 5. (a)	Date of filing/regine	stration in Florida	4.	_	Docume	nt number		
J. (a)		Office shown on the records of t	he Flor	ida l	Dept. of State:			
	Registered Office Address (A 4967 SW 74TH COURT	UST BE FLORIDA STREET A	DDRE	<u>(22)</u>				
	МІАМІ	, FL	33155				22	
(b)	NESTOR CUETO						100	
	Enter name of NEW Registered	Agent and/or NEW Registered	Office	ndd	(ess:		_	Сн
	NESTOR CUETO						AM 5	
	NEW Registered Office Addres	s:					5: 39	<u>.</u>
	2030 S DOUGLAS RD, SU	I'E 202					Û	7
	CORAL GABLES	, FL	33134					
change agent v was/we	imited liability company is it or changes are made, the F will be/dentical. Or, in the ere authorized by an affirma- icles of organization or the c	lorida street address of the case of a Florida limited lia tive vote of the members of	registe bility f the li imited	ered con imit d lia	office and the bus pany, it is hereby ed liability compar	iness office of the re confirmed that the cl	giste: nange	red e(s)
1	ture of a member or authorized re					r typed name of signee		
provisi the obl to mero notified /	by accept the appointment a ions of all statutes relative to ligations of my position as re ely reflect a change in the re dim writing of this change.	the proper and complete r	pertori	mar	ice of my duties, in	id I am familiar with	and	accent
				• -				
	Division	i of Corporations• P.O. B	lox 63	27	Tallahassee, FL	32314		

FILING FEE: \$25.00

INHS18 (2/14)

.