L22000083848

(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.	

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Office Use Only

COVER LETTER

TO: **Registration Section** Division of Corporations

3rd f S SF 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:

Greguy BIGNCO Name of Person 25 SF 3td Ave LLC. Firm/Company 490 NE 3157 St 4005 Address City/State and Zip Code Here and the second sec

For further information concerning this matter, please call:

at (786) 443 1000 1780 <u>J. 1510168</u> JName of Person えい Area Code & Daytime Telephone Number

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 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.

1. Name of the limited liability company: 25 St 3VG AVE LUC	
2. (a) (b)	
Principal office address of limited liability company: Mailing address of limited liabil (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFF	
75 SE 3rd AVE 490 NE 315+ 54	Unit 400
Delvay Brach, FL 33483 Miami, FL 33137	
$\frac{2/2/27}{\text{Date of filing/registration in Florida}} 4. \frac{122000083848}{\text{Document number}}$	
RT VODA	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Green Richan	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
705 Solavisi. Drive	
FUA (Guelerdele	202
L'ALLINGER FI	
(h)	F. 1 L
Fater name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	* *
(b) Fator name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : SVECUM BIANO	AT
NEW Registured Affrice Address:	7 : 24
480 NE 3157 JF Unit 4005	Ŧ
Miami FL 33137	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirme change or changes are made, the Florida street address of the registered office and the business office of the court will be identical. On in the case of a Florida limited liability supports it is hereby confirmed that the	e registered
agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise	
the articles of organization or the operating agreement of the limited liability company.	
Signature of a member or authorized representative of a member Veguy Blanco Printed or typed name of signe	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to co	omply with the
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar w the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen to merely reflect a change in the registered office address. I hereby confirm that the limited liability compa	with and accept t is being filed ny has been

notified in writing of this change.

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Signature of Registered Agent

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