L22000/20862

(Re	questor's Name)	
(Add	dress)	<u> </u>
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(City	y/State/Zip/Phone	? #)
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COVER LETTER

TO: Registration Section Division of Corporations	•				
<i>y</i> .					
SUBJECT: Unique Lange	Studio, LLC nited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	r to the following:				
Juveisy Vazquez Name of Person	 _				
Unique Large Stur Firm/Company	dio,LLC				
873 N.W 10th ST Address					
Florida City, Fl 33034 City/State and Zip Code	(
E-mail address: (to be used for uture annual report of the Sure Sure Sure Sure Sure Sure Sure Sur	rt notification)				
Jule 15 Varguez at (786, 728-3386 Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
S25 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. Na	me of the limited liability company: Unique	2 ha	maa	Studia	D, 16C	
2. (a)	,	(b)	0		,	
<u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		_	f limited liability comp E POST OFFICE BO	-
	873 N.W 1049T		873	N.W	10th ST	
	FI city, FI 320041		FlCi	ty, F1	33034	
	3-9-22		L22	0001	20862	
3.	Date of filing/registration in Florida	4.		Document nur	mber	
5. (a)	INC AUthority BA					
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET.					
	3TE 2300 -N				-2	
	Orlando FI	325	એ <u></u>		TALL	-17
(p)	Sureisy Varquez				2023 AUG -8	
()	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:		SEE C	П
	873 N.W inth ST				PH 1: 43	U
	NEW Registered Office Address:				IDA W	
	Florida CHY, FL. FL	_339	34			
If the li	mited liability company is not organized under the lay	ws of the S	State of Flor	rida, it is here'	by confirmed that	after
the cha	nge or changes are made, the Florida street address of	the regist	ered office	and the busine	ess office of the re	gistered
was/we	vill be identical. Or, in the case of a Florida limited li- re authorized by an affirmative vote of the members of	of the limi	ted liability	company or a		
the arti	cles of organization or the operating agreement of the	limited li	ability comp	pany.		
Signal	ure of a member or authorized representative of a member		WHI	Printed or typed	name of signee	
I herel provision the obli- to mere notified	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete gations of my position as registered agent as provide by feffect a change in the registered office address, I inhyriting of this change.	ree to act of performand for in Control of the cont	in this capa nce of my d hapter 605, nfirm that th	city. I further uties, and I ar F.S. Or, if th he limited liab	agree to comply v m familiar with and is document is bei pility company has	vith the d accept ng filed been
Signayın	e of Registered Agent					