Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L22000148987

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : MONAHAN-MIJARES CPA, Inc
Account Number : I20050000157
Phone : (305)407-1438
Fax Number : (305)397-1003

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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2025 FEB 21 AM 11:44
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2025 FEB 21 PM 2:02
APPROVED AND FILED

LLC REGISTERED AGENT CHANGE
CASA STUDIO DESIGN LLC

Certificate of Status	0
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FEB 24 2025
K. Brumbley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASA STUDIO DESIGN LLC
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:

MONAHAN, ROARK R
Name of Person

MONAHAN MIJARES CPA
Firm/Company

75 VALENCIA AVE, SUITE 703
Address

CORAL GABLES, FLORIDA 33134
City/State and Zip Code

oriana.espinoza@monahan.mijares.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oriana Espinoza at (305) 407 1440
Name of Person 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: CASA STUDIO DESIGN LLC

2. (a) 75 Valencia Ave, Suite 703, Coral Gables FL 33134
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

75 Valencia Ave, Suite 703, Coral Gables,
FL 33134

(b) 75 Valencia Ave, Suite 703, Coral Gables FL 33134
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

75 Valencia Ave, Suite 703, Coral Gables,
FL 33134

3. 04/07/2022 Date of filing/registration in Florida

4. L22000148987 Document number

5. (a) CORPORATE COMPLIANCE AGENTS, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

CORPORATE COMPLIANCE AGENTS, INC.
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
901 4TH ST N STE 300
ST PETERSBURG, FL 33702

(b) MONAHAN, ROARK R
Enter name of NEW Registered Agent and/or NEW Registered Office address.

MONAHAN MIJARES CPA
NEW Registered Office Address:
75 VALENCIA AVE, SUITE 703
CORAL GABLES, FL 33134

APPROVED AND FILED
2025 FEB 21 PM 2:02

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

MARTINEZ CARDENAS, ROCIO
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

INHS18 (2-11)