1220001-77716

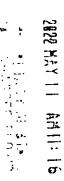
(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
Rec'd 22.								

Office Use Only



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05/12/22--01003--005 **25.00



W. SOLOMON

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	NICOLE GONZALEZ COAC	HING LLC		
		Name of Limited I	Liability Company	
Dear Si	ir or Madam:			
The end	closed Registered Agent/Registere	d Office Change and	fee(s) are submitted for filing.	
Please	return all correspondence concerni	ng this matter to the	following:	
LOVET	TE DOBSON			
	Name of Person			
INCFIL.	E.COM LLC			
	Firm/Company			
17350 S	TTATE HWY 249 #220		.•	
	Address			
HOUST	ON, TX. 77064			
	City/State and Zip Co	ode	· •	
EFILEI	234@INCFILE.COM		·	
E-	-mail address: (to be used for futur	e annual report noti	fication)	
For furt	ther information concerning this m	atter, please call:		
LOVET	TE DOBSON	888 at (462-3453	
	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 follo	wing amount:		
	■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

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. N	ame of the limited liability company: MICOLE GON2	ZALEZ CO	DACHING LI	LC				
7 (2)			(b)					
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limi (Note: MAY BE PO	ted liability	сотрап		
	1150 NW 72ND AVE TOWER 1 STE 455 #6444		1150 NW	72ND AVE TOWER	1 STE 455	#6444		
	MIAMI, FL 33126		MIAM1, FL 33126					
	04/13/2022		L220001777	716				
3.	Date of filing/registration in Florida	4.		Document number		 -		
5. (a)								
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florid	la Dept, of State	_ e:				
	NICOLE GONZALEZ		·					
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	(S)	_				
	10845 PACIFICA WAY							
	PARKLAND, I	33076	 -	_	≠ ,∻	2922 1		
				-		ΚΛΥ	. •	
(b)				_			;	
	Enter name of NEW Registered Agent and/or NEW Register	ed Office a	ddress:			277	<u> </u>	
	LEGALINC CORPORATE SERVICES INC.				•			
	NEW Registered Office Address:		-	_	•	æ		
	5237 SUMMERLIN COMMONS SUITE 400	.=		_				
	FORT MYERS	L 33907						
change agent was/w the art Signa	limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the color of a member of a member or authorized expresentative of a member by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. If the change in the registered office address.	ne register liability c s of the lin se limited Nic	red office and ompany, it is mited liability compole Gonzalez	d the business offices hereby confirmed y company or as other pany. Printed or typed name are in a function of the function o	e of the re that the cl herwise pr	gistere lange(ovideo	ed s) I in	
	in writing of this change. Lolar The of Residered Agent	- пегепу с	onjirm inal l	не итива навину	company .	nas be	en	