

L220000241369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

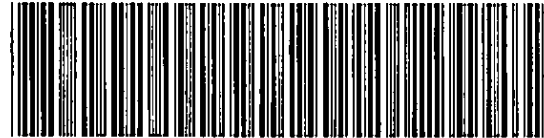
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300394740583

0- 3- 22--01007--012 **25.00

TALLAHASSEE, FLORIDA

2022 SEP 28 PM 4:17

DEC 22 2022

S. PRATHI

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Soul V 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:

Claudin Maestre Napoles
Name of Person

Soul V LLC
Firm/Company

6445 Indian Creek Dr. Unit 301
Address

Minneapolis FL 33141
City/State and Zip Code

Doctormaestre91@gmail.com doctormaestre91@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudin Maestre Napoles at (786) 768 3493
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: Soul V LLC
2. (a) 6181 SW 102 St
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Miami FL
- (b) 6445 Indian Creek Dr.
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
~~Miami Beach FL~~
Miami Beach FL 33141
3. 5/24/22
Date of filing/registration in Florida
4. L2200024139
Document number
5. (a) El Vee Ventures LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
6181 SW 102 St
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Miami FL 33156
_____, FL _____
- (b) Rita Napoles Hernandez
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
6445 Indian Creek drive #309
NEW Registered Office Address:
Miami beach
_____, FL 33141

FILED
TALLAHASSEE, FLORIDA
2022 SEP 28 PM 4:17

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

Claudia Maestre Napoles
Printed or typed name of signer

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.

RNH
Signature of Registered Agent