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CORPORATION 1201 Hays St Tallhassee, Phone: 850-5	FL 32301
	ACCOUNT NO. : I2000000195 REFERENCE : 281504 8384787 AUTHORIZATION : Jack Man
	COST LIMIT : \$ 25.00
ORDER DATE :	December 23, 2022
ORDER TIME :	9:47 AM
ORDER NO. :	281504-005
CUSTOMER NO:	8384787
	<u>CHANGE OF AGENT</u>
NAME :	NUMANTIA LLC
PLEASE RETUR	THE FOLLOWING AS PROOF OF FILING:
	FIED COPY I STAMPED COPY
CONTACT PERSO	DN: Alexxis Weiland EXT#
	EXAMINER:

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	Jame of the limited liab	I NUMANTIA I		<u></u>
. (a	848 Brickell Ave		(b) ⁸	48 Brickell Ave
	Principal office ad	dress of limited liability company: ST BE STREET.ADDRESS	(*)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 203		S	uite 203
	Miami, FL 33131		M	iami, FL 33131
	06/01/2020		L22	2000250740
	Date of filing	gregistration in Florida	4.	Document number
. (a	BP Tax Advisory LLC	2		
. (4		istered Office shown on the records	s of the Florida Dep	of State:
	848 Brickell Ave			20
	Registered Office Addres	s (MUST BE FLORIDA STREA	ET ADDRESS)	2022 DEC
	Suite 203			
	Miami		FL 33131	- 2
(b				
(0		stered Agent and/or <u>NEW Registe</u>	red Office addres	<u>×</u> 51
	Corporation Service	Company		
	NEW Registered Office A	Address:	- <u> </u>	
	1201 Hays Street			<u> </u>
	Tallahassee		51 32301	

/s/ Jonas Gomez Pacheco

the articles of organization or the operating agreement of the limited liability company. Jonas Gomez Pacheco

Signature of a member or authorized representative of a member

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 noticed in writing of this change.

was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in

XXX) und, A.VP

Signature of Registered Agent

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