

(F	Requestor's Name)						
(A	Address)						
(A	ddress)						
(C	(City/State/Zip/Phone #)						
PICK-UP	WAIT MAIL						
(E	Business Entity Name)						
(C	Occument Number)						
Certified Copies	Certificates of Status						
Special Instructions to	o Filing Officer:						
	HORNE						
	J. HORNE JUL 1 9 2024						
	JUL 14 705.						

Office Use Only



300432267343

07/10/24--01011--004 **25.00

727 TO 11160J

COVER LETTER

	Registration Section Division of Corporations				
SHBJEC	8460 CATA LLC				
Name of Limited Liability Company					
Dear Sir	or Madam:				
The enclo	osed Registered Agent/Registered (Office Chang	ge and	fee(s) are submitted for filing.	
Please re	turn all correspondence concerning	this matter (to the f	following:	
SALVAD	OR GOMEZ				
	Name of Person			_ _	
	Firm/Company				
7028 SW	87 AVENUE				
	Address			_	
МІАМІ, І	FL 33173				
	City/State and Zip Cod	e			
salvadorg	omezjr1@gmail.com				
E-n	nail address: (to be used for future a	annual repor	t notifi	cation)	
For furth	er information concerning this matter	ter, please ca	ıll:		
SALVAD	OR GOMEZ	at (305	965-9426	
	Name of Person			Area Code & Daytime Telephone Number	
F E F	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
ŀ	Inclosed is a check for the followi	ing amount:	:		
\$25 Filling Fee		\$ 5	\$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	nme of the limited liability company: 8460 CATA LLC	,		
2. (a)			(b)	
-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7028 SW 87 AVENUE		7028 SW 8	7 AVENUE
	MIAMI, FL 33173		MIAMI, FI	L 33173
	06/01/2022		L220002541	62
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	SALVADOR GOMEZ			
, ,	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of State	::
	Registered Office Address (MUST BE FLORIDA STREET) 7050 SW 87 AVENUE	ADDRE	<u> </u>	-
	MIAMI . FI	33173		-
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office	address:	-
	NEW Registered Office Address:			-
	7028 SW 87 AVENUE			100 E. C.
				-
	MIAMI	3317	, ,	- ·
change agent v was/wa	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like or authorized by an affirmative vote of the members of icles of organization or the interating agreement of the	regist ability of the l	ered office and company, it is imited liability	If the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
		S	ALVAĐOR GO	
I here provisi the obt to merc	ture of emember and authorized representative of a member by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide of reflect a change in the registered office address, I is differentially of this change.	ree to a perfor d for it hereby	nct in this capa mance of my a i Chapter 605 confirm that i	Printed or typed name of signee acity. I further agree to comply with the luties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been
Signatu	tre of Registered Agents			