L22000254182

(Requestor's Name)						
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PICK-UP WAIT MAIL						
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(Document Number)						
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COVER LETTER

	egistration Section Division of Corporations		**			
SUBJEC	MUTINY 304 LEC T:					
500050		Name of Limited Liability Company				
Dear Sir e	or Madam:					
The enclo	osed Registered Agent/Registered Office C	hange and f	ee(s) are submitted for filing.			
Please ret	turn all correspondence concerning this ma	tter to the fo	ollowing:			
SALVAD	OR GOMEZ					
	Name of Person		_			
	Firm/Company		_			
7028 SW	87 AVENUE					
	Address					
MIAMI, F	FL 33173					
	City/State and Zip Code		_			
salvadorgo	omezjr1@gmail.com					
E-m	nail address: (to be used for future annual r	eport notific	ration)			
For furthe	er information concerning this matter, pleas	se call:				
SALVAD	OR GOMEZ	305	965-9426			
	Name of Person	· · · · · · · · · · · · · · · · · · ·	Area Code & Daytime Telephone Number			
R D P	Aailing Address: Registration Section Division of Corporations 2.O. Box 6327 Callahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
E	inclosed is a check for the following amo	unt:				
<u> </u>	\$25 Filing Fee	g Fee				

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.

	ime of the limited liability company:		(b)		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	7028 SW 87 AVENUE		7028 SW	V 87 AVENUE	
	MIAMI, FL 33173		MIAMI,	FL 33173	
	06/01/2022		L2200025	4182	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	SALVADOR GOMEZ				
J. (d)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET 7050 SW 87 AVENUE	ADDRE	<u>SS)</u>		
(b)	MIAMI , FI	33173			
	SALVADOR GOMEZ			TALL.	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			FILE PIARSSEE	
	NEW Registered Office Address:				
	7028 SW 87 AVENUE			PH 4: 07 SEE, FLORID	
	MIAMI to	3317.	3		
change agent v was/we	imited liability company is not organized under the later changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lies authorized by an affirmative vote of the members cles of organization at the operating agreement of the	registe ability of the l	ered office a company, it imited liabil	and the business office of the registered tis hereby confirmed that the change(s) lity company or as otherwise provided in	
/		Si	ALVADÓR C	GOMEZ	
Signat	ture of a member or authorized representative of a member	_ -		Printed or typed name of signee	
provisj the gol to merc	of accept the appointment as registered agent and age ope of all statutes relative to the proper and complete leations of his position as registered agent as provide by reflect a strange in the registered office address. I I in writing of this change.	perfor d for in	mance of my Chapter 60	y duties, and I am familiar with and accep 05, F.S. Or, if this document is being filed	
	Ty reflect a change in the registered office address, I in writing of this change.	nereby	conjirm tha	it the finited fiability company has	