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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status
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Office Use Only

## **COVER LETTER**

**Registration Section** TO: Division of Corporations

FRAIT, LLC SUBJECT: \_\_\_\_

.

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:

Viviana Salguero

Name of Person

FRAIT, LLC

Firm/Company

6303 Blue Lagoon Drive Waterford, STE 400

Address

Miami, FL 33126

City/State and Zip Code

vivianasalguero1@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Viviana Salguero	786 at (	609 4966
Name of Person		Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303

## Enclosed is a check for the following amount:

□ \$25 Filing Fee

## 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.

(a)	6303 Blue Lagoon Drive Waterford, STE 400	(b) 63	303 Blue Lagoon Drive Waterford, STE 400
(4)	Principal office address of limited liability compan ( <u>Note: MUST BE STREET ADDRESS</u> )		Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX
	Miami, FL 33126	<u>M</u>	liami, FL 33126
	06 / 28 / 2022	L22	2000298257
	Date of filing/registration in Florida	4.	Document number
(a)	Viviana Salguero		20
(a)	Registered Agent and Registered Office shown on the reco Viviana Salguero	ords of the Florida Dep	pt. of State:
	Registered Office Address (MUST BE FLORIDA STI 2900 NW 112th Ave, Unit E7	REET ADDRESS)	
	Doral	_, FL, FL	AH 11: 43
(b)	Viviana Salguero		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	istered Office addres	<u>55</u> :
	Viviana Salguero		
	NEW Registered Office Address:		
	6303 Blue Lagoon Drive Waterford, STE 400		
	Miami	, FL	

agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(a was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided the articles of organization or the operating agreement of the limited liability company.

Signature of amember 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 notified in writing of this change.

Signature of Registered Agent

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