## LZZ000352184

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## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJI							
	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Office	Change and fee	(s) are submitted for filing.				
Please	return all correspondence concerning this n	natter to the foll-	owing:				
MARIA	A LUISA PEREZ						
	Name of Person						
SAND	STORMSW LLC						
	Firm/Company						
727 JE	FFERSON AVE. SUITE 2						
	Address						
MIAM	I BEACH, FL 33139						
	City/State and Zip Code						
sandsto	ormswim@gmail.com						
E	-mail address: (to be used for future annual	report notificat	ion)				
For fu	ther information concerning this matter, ple	ease call:					
Gregor	io Perez	786 at (	970 0414				
	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 an	nount:					
	□ \$25 Filing Fee	■ \$55 F	Filing Fee & Certified Copy				

TO:

## 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.

Na	ame of the limited liability company:				
(a)	727 Jefferson Ave. Suite 2, Miami Beach, FL 33139		b) 727 Jeffe	rson Ave. Suite 2, Miami Beach, FL 33139	
(-)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<u> </u>		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	8/10/2022		L22000352	2184	
	Date of filing/registration in Florida	4.		Document number	
(a)	Maria Luisa Perez				
(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	727 Jefferson Ave. Suite 2, Miami Beach, FL 33139			÷ 22	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	. FL			19 TAY	
	7			ARY OF STATE	
(b)	Gregorio Perez			) 12: ( E. F	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			LE 96	
	NEW Registered Office Address:			_	
				_	
	, FL				
		<u> </u>	O		
	imited liability company is not organized under the law or changes are made, the Florida street address of the				
ent v	will be identical. Or, in the case of a Florida limited lia	ibility c	ompany, it	is hereby confirmed that the change(s)	
s/we arti	ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	i the in limited	nited habih liability co	mpany.	
1	LOLCE PROLET OF		ria Luisa Per		
igna	ture of a member or authorized representative of a member			Printed or typed name of signee	
ovisi obl mer	by accept the appointment as registered agent and agressions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have been also change.	ee to ac perform I for in vereby (	ct in this cap nance of my Chapter 60 confirm that	pacity. I further agree to comply with the duties, and I am Jamiliar with and acces, F.S. Or, if this document is being file the limited liability company has been	
_5	regon's torez				
matu	re of Registered Agent				