122000387267

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



400417436144

10/19/23--01020--002 **55.00

TAMAGED TAMES

23 OCT 19 PM 12:

COVER LETTER

TO:		egistration Section ivision of Corporations							
SUBJE	ECT:	TATTOOS BY KAZUYA LLC							
	-	Name of Limited Liability Company							
Dear S	ir or N	Aadam:							
The en	closec	Registered Agent/Registered (Office Change a	and fee(s) are submitted for filing.					
Please	return	all correspondence concerning	this matter to t	the following:					
KAZU	YA PE	REZ							
		Name of Person							
TATTO	oos b	Y KAZUYA LLC							
		Firm/Company							
7747 S	W 86 T	TH STREET APT 304,MIAMI, FL	.,33143						
		Address	-						
MIAMI	1, FL.3	3143							
		City/State and Zip Cod	e						
kazuyat	tattoo@	gmail.com							
E	E-mail	address: (to be used for future a	annual report no	otification)					
For fur	ther in	nformation concerning this matt	ter, please call:						
KAZU	YA PE	REZ	786 at (436-4169					
-		Name of Person	(Area Code & Daytime Telephone Number					
	Mai	ling Address:		Street Address:					
	Reg	istration Section		Registration Section					
		sion of Corporations		Division of Corporations					
		Box 6327		The Centre of Tallahassee					
	lall	ahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Encl	osed is a check for the followi	ing amount:						
	□ \$3	25 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.

(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)		
	7747 SW 86 TH STREET APT 304,MIAMI, FL,33143		7747 SW 8	86 TH STREET APT 304,MIAMI, FL.3314
	09/08/2022	_	L220003872	267
	Date of filing/registration in Florida	4.	_	Document number
(0)	EDUARDO PEREZ POCAMUCHA			
(a)	Registered Agent and Registered Office shown on the records of the	_ te:		
	7747 SW 86 TH STREET APT 304,MIAMI, FL,33143			
	Registered Office Address (MUST BE FLORIDA STREET A	_		
	7747 SW 86 TH STREET APT 304,MIAMI, FL,33143	2821 TĂI		
	FL			LANV
b)				PILED PHIZ: 03
, , -	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	FE		
	KAZUYA PEREZ	HILLED PHIZ: 03 TALLAHASSEE, FLORIOA		
	NEW Registered Office Address:	-		
	7747 SW 86 TH STREET APT 304,MIAMI, FL,33143	<u></u>		
	MIAMI . FL	33143		
nge nt w /we	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law.	egister pility c the lir	ed office and ompany, it is nited liability liability con	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in

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