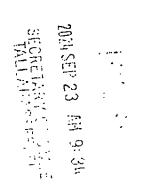
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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations					
ÇI;R II	CT: HAROLD MATOS CONSTRUCTION LLC Name of Limited Liability Company					
3000						
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	g this matter to the following:				
HARO	LD MATOS					
	Name of Person					
HARO	LD MATOS CONSTRUCTION					
	Firm/Company					
8008 N	W 100TH TERRACE	3.5 3.07				
	Address	TALL				
ТАМА	RAC 33321					
	City/State and Zip Coo	le e				
haroldi	natosconstruction@gmail.com					
ŀ.	-mail address: (to be used for future	annual report notification)				
For fur	ther information concerning this ma	ter, please call:				
HARO	LD MATOS	305 7809783 at ()				
	Name of Person	Area Code & Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the follow	ing amount:				
	■ \$25 Filing Fee	S55 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. 8	Name of the limited liability company: HAROLD MATO	OS CON	STRUCTION	\$ LLC	
2. (a					
_, (,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	8008 NW 100TH TERRACE, TAMARAC FL 33321		550 SW 1	08 AVE APT 105, PEMBROKE PINES FL 3:	
	09/08/2022	-	1.22000393		
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Registered Agent and Registered Office shown on the records of ZENBUSINESS INC.				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			,	
	336 E. COLLEGE AVE.SUITE 301TALLAHASSEE, FL 32301			· ~	
	, F1			2024 SEP SECREI	
				SET SET	
(b		23 M 9: 31 ANT SEE SHARE			
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	HAROLD ANDRES MATOS PEROZO				
	EW Registered Office Address:				
	550 SW 108 AVE APT 105 , PEMPROKE PINES FL 330				
	FI				
chang agent	limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization of the operating agreement of the	registe ability of of the li limited	red office ar company, it i	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in inpany.	
Signature of a member or authorized representative of a member			Printed or typed name of signee		
l her provi. the ol to me notifi	cby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I had in writing of this change. HAROLD MATOS	ee to a perform d for in hereby	ct in this cap nance of my Chapter 60; confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Signat	ture of Registered Agent				