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Division of Corporations

Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE

Account Number : 110432003053

: (561)694-8107

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LLC REGISTERED AGENT CHANGE MOISE MULTISERVICES LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

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Corporate Filing Menu

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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. N	ame of the limited liability company: MOISE MULTI	ISERVICES	s LLC			
2. (a)	1840 nw 33rd terrace		1840 nw 33r	d terrace		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	('	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Lauderhill, FL 33311		Lauderhill, F	L 33311		
	10/14/2022 12:00:00 AM		L2200044304	l		
3.	Date of filing/registration in Florida	 4.	D	ocument number		
5. (a)	LEGALING CORPORATE SERVICES INC.					
J. (a)	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of State:			
	476 Riverside Ave					
	Registered Office Address (MUST BE FLORIDA STREE	TADDRES	<u> </u>			
	Jacksonville	FL_32202				
	, F	*L				
(b)	Corporate Creations Network Inc.			13 (a) (b) (c) (c)		
(0)	Enter name of NEW Registered Agent and/or NEW Register	dress:	;			
	801 US Highway 1		Ē			
	NEW Registered Office Address:		_			
				Qi.		
				, Gr		
	North Palm Beach , F	FL				
change agent v was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members icles of organization or the operating agreement of the	he registere liability co s of the lim	ed office and tompany, it is holited liability of	he business office of the registered ereby confirmed that the change(s) company or as otherwise provided in		
	Kristen Espirales	Kris	ten Espinales,	Attorney-in-Fact		
_	nure of a member or authorized representative of a member			rinted or typed name of signee		
I here provis the obs to mer notifie	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, i d in writing of this change.	gree to act e performi led for in (I hereby co	in this capaci ance of my dui Chapter 605, F onfirm that the	ty. I further agree to comply with the ies, and I am familiar with and accept .S. Or, if this document is being filed limited liability company has been		
	Kristen Espinales Kristen Espinales, Special Secretary	y				
Signah	are of Registered Agent					