Laa000489573

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

Office Use Only



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S. CHATHAM AUG 11 2023

07/11/23--01019--001 **25.00

2023 JUL 11 All 8: 30

	COVER LETTER					
	istration Section sision of Corporations					
SUBJECT:	Frances Ave Hudson LLC					
20202011		mited Liability Company				
Dear Sir or l	Madam:					
The enclose	d Registered Agent/Registered Office Chang	nge and fee(s) are submitted for filing.				
Please retur	n all correspondence concerning this matter	er to the following:				
Douglas J. Je	effrey, Esq.					
	Name of Person					
Law Offices	of Douglas J. Jeffrey, P.A.					
_	Firm/Company					
6625 Miami	Lakes Drive East, Suite 365					
	Address	· 				
Miami Lakes	s, FL 33014					
	City/State and Zip Code					
dj@jeffreyla	wfirm.com					
E-mai	l address: (to be used for future annual repor	ort notification)				
For further	information concerning this matter, please ca	call:				
Doug Jeffrey	, 30 at (305 828-4744				
	Name of Person	Area Code & Daytime Telephone Number				
Reg Div P.C	niling Address: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enc	closed is a check for the following amount	nt:				
X	\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

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.

l. N	ame of the limited liability company: Frances Ave Huds	son LLC	
2. (a)	17304 Walker Ave, Ste 107, Miami, FL 33157	(b)	'alker Ave, Ste 107, Miami, FL 33157
. (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
			· .
	11/17/22	L22000489	9573
3.	Date of filing/registration in Florida		Document number
5. (a)	Corporate Creations Network, Inc		
/• (w)	Registered Agent and Registered Office shown on the records of 801 US Highway I	the Florida Dept. of St	ate:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	2023 S
	North Palm Beach , FL	33408	2023 JUL 11
(b)	Douglas J. Jeffrey, Esq.	_	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	All 8: 30
	6625 Miami Lakes Drive East, Suite 365		30
	NEW Registered Office Address:		
	Miami Lakes, FI	_33014	
chang agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registered office a ability company, it of the limited liabil	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
4	222	Rigo Perez	
I here provis the ob to men hotific	ature of a member or authorized representative of a member why accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete original of my position as registered agent as provide rely reflect a change in the registered office address, I addin writing of this change.	ree to act in this ca performance of m d for in Chapter 60 hereby confirm tha	Printed or typed name of signee pacity. I further agree to comply with the v duties, and I am familiar with and accep 05, F.S. Or, if this document is being filed t the limited liability company has been

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