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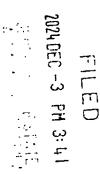
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COVER LETTER

Division of Corporations MAKRA, LLC		
SUBJECT:	lame of Limited Lia	ability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and (fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the f	ollowing:
Patricio Escobar		
Name of Person		
Florida Companies Services LLC		
Firm/Company		_
12550 Biscayne Blvd Suite 800-37		
Address		_
North Miami, FL, 33181		
City/State and Zip Code	, s w	
patricio@escobar.com		_
E-mail address: (to be used for future a	innual report notific	cation)
For further information concerning this matt	er, please call:	
Patricio Escobar	917 at (3706565
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, F1, 32303
Enclosed is a check for the followi	ing amount:	
■ \$25 Filing Fee	Q \$5	5 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)
	12550 Biscayne Blvd Suite 800-37.		12550 Bi	iscayne Blyd Suite 800-37,
	North Miami, FL, 33181		North Mi	iami, FL, 33481
	11/22/2022		1,22000495	5327
	Date of filing/registration in Florida	4.		Document number
(a)				
,	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of St	ate:
	Cross Street Corporate Services, LLC.			
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS</u>	<u>ì</u>	2024 DEC -3
				_ PEC FI
	50 Central Avenue 8th floor, Sarasota Fl	34236		: 4 =
		- <u> </u>		
(b)				PM 3: 41
	Enter name of NEW Registered Agent and/or NEW Registered	d Office ago	<u>fress</u> :	
	Florida Companies Services LLC			
	NEW Registered Office Address:			
	12550 Biscayne Blyd Suite 800-37, North Miami, Fl			
41 - E				
iange ent v as/we	imited liability company is not organized under the la for changes are made, the Florida street address of the vill be identical. Of, in the case of a Florida limited li- ere authorized by an diffrentiate of the members cles of organization or the operating agreement of the	registere ability co of the lim limited li	d office a mpany, it ited liabil:	and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
Signa	ture of a member or authorized representative of a member	-		Printed or typed name of signee
herci ovisi e obl	by accept the appointment as registered agent and ag ons of all statules relative to the proper and complete igations of my position as registered agent as provide By reflect a change in the registered office address. I	ree to act performa d for in C hereby co	in this cap ince of my hapter 6b aftem that	pacity. I further agree to comply with a v duties, and I am familiar with and acc 95, F.S. Or, if this document is being fi a the limited liability company has been