La200049535

(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:					
J. HORNE JAN 13 2025					
3.11-					
JAN 1"					





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12/03/24--01033--013 **35.00

1024 DEC -3 PH 3: 44

COVER LETTER

Division of Corporations		
FEKRA, LLC SUBJECT:		
	ited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter t	to the following:	
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		
patricio@escobar.com		
E-mail address: (to be used for future annual report	t notification)	
For further information concerning this matter, please ca	dl:	
Patricio Escobar 91'	7 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, Fl. 32303	
Enclosed is a check for the following amount:	:	
S25 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.

I. Na	ame of the limited liability company: FEKRA, LLC			
2. (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 Bis	scayne Blvd Suite 800-37.
	North Miami, FL, 33181		North Mi	ami, FL. 33181
	11/22/2022		1,22000495	3351
3.	Date of filing/registration in Florida	- 4.		Document number
5. (a)				
(/	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Sta	nte:
	Cross Street Corporate Services, LLC,			20
	Registered Office Address <u>(MUST BE FLORIDA STREET.</u>	710		
				그 등 그
	50 Central Avenue 8th floor, Sarasota, FI			FILED EG-3 PH
	rı			
(b)				<u> </u>
(1)	Enter name of NEW Registered Agent and/or NEW Registered	Office :	iddress:	FILED 2024 DEC -3 PH 3: 44 2024 DEC -3 PH 3: 44
	Florida Companies Services LLC			-
	NEW Registered Office Address:			_
				_
	12550 Biscayne Blvd Suite 800-37, North Miami, , FI	33181		_
change agent v was/we	imited liability company is not organized under the lay or changes are made, the filorida street address of the will be identical. Or an the case of a Florida limited lig ere authorized by an affirmative vote of the members of teles of organization or the operating agreement of the	ws of the registed ability of the li	e State of F red office ar company, it mited liabili	lorida, it is hereby confirmed that after the nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
	Cutare and		artín Krauss A	
Signa	ture of a member or adhorized representative of a member			Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It if in writing of this change.	perfori d for in	nance of my Chapter 60	t duties, and I am Jamiliar with and accept 15. F.S.: Or, if this document is being filed
Signatu	re of Registered Agent			