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ter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address:

LLC REGISTERED AGENT CHANGE DARYNA TORRES CONSULTING LLC

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M. SOLOMON

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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.

2. (a)	1830 Radius Drive apt 714 Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		(b)	1830 Radius Drive apt 714			
() .			(0)	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)			
	Hollywood, Florida 33020			Hallywood	l, Florida 33020		
	12/12/2022 12:00:00 AM		I.	220005206	514		
3.	Date of filing/registration in Florida	4.			Document number		
5. (a)	LEGALINC CORPORATE SERVICES INC.						
	Registered Agent and Registered Office shown on the reco	ords of the Flo	rida [Dept. of State	- 2:		
	476 Riverside Ave.						
	Registered Office Address (MUST BE FLORIDA STI	REET ADDRI	<u>:SS)</u>		-		
							202
	Jacksonville	, FL_32202	<u> </u>		-		3 DEC
(b)	Corporate Creations Network Inc.				-	;-·	21 4
	Enter name of NEW Registered Agent and/or NEW Regi	istered Office	addı	<u>'ess</u> :		; '` ; ''	AM
	801 US Highway 1				_	3.7	9: 56
	NEW Registered Office Address:						
	North Palm Beach	FL 33408	}		-		
					- 		
change agent w was/we	mited liability company is not organized under to changes are made, the Florida street address will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the members of organization or the operating agreement of	of the regist ted liability bers of the l	cred com imit	office and pany, it is ed liability	d the business office of to thereby confirmed that to y company or as otherwi	he registere he change(ed s)
	Kristen Espinales	_ K	riste	n Espinale:	s, Attorney-in-Fact		<u>.</u> ,
	ure of a member or authorized representative of a member				Printed or typed name of sig		
provisio the obli to mere	y accept the appointment as registered agent an ons of all statutes relative to the proper and com gations of my position as registered agent as pr ly reflect a change in the registered office addre I in writing of this change.	nd agree to d plete perfoi ovided for i ess, I hereby	ict ii man n Ch con	this capa ce of my a apter 605 firm that i	icity. I further agree to luties, and I am Jamiliar , F.S. Or, if this docume the limited liability comp	comply with with and a ent is being pany has be	h the ccept filed en