

L22000536362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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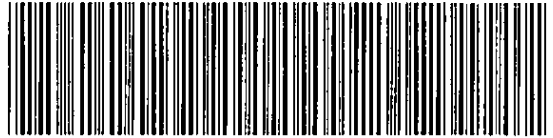
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CENTRALINE LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Olga Vodolazschi

Name of Person

OV Law Group

Firm/Company

2806 Prairie Avenue

Address

Miami Beach, FL 33140

City/State and Zip Code

olgav@ovlawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Olga Vodolazschi

6463260708

Name of Person

at (_____) _____
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:

☒ \$25 Filing Fee

☐ \$55 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.

1. Name of the limited liability company: CENTRALINE LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

132 MINORCA AVENUE

CORAL GABLES, FL 33134

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

132 MINORCA AVENUE

CORAL GABLES, FL 33134

12/28/2022

L22000536362

3. _____ Date of filing/registration in Florida 4. _____ Document number

5. (a) CORPORATE CREATIONS NETWORK INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

801 US HIGHWAY 1 NORTH PALM BEACH, FL 33408

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

_____, FL _____

(b) Paragon Consulting Team LLC

Enter name of NEW Registered Agent and/or NEW Registered Office address:

8200 NW 41 street, Suite 200, Doral, FL 33166

NEW Registered Office Address:

_____, FL _____

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Enrique Carlos Riveira Bornacelli
Signature of a member or authorized representative of a member

ENRIQUE CARLOS RIVEIRA BORNACELLI

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Enrique Carlos Riveira Bornacelli
Signature of Registered Agent

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