

L23 000039636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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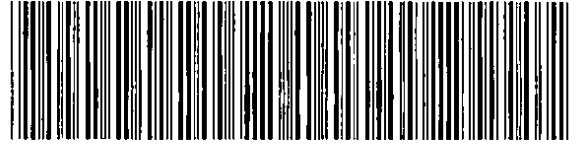
(Business Entity Name)

(Document Number)

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2023 JUN -5 PM 3:45

CLERK OF COURT  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AFA Consulting PLLC  
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:

Alexander Alvarez  
Name of Person

AFA Consulting PLLC  
Firm/Company

600 NE 36th St, APT #1710  
Address

Miami, FL 33137  
City/State and Zip Code

AFAcs171@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexander Alvarez at ( 786 ) 209-0204  
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:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR BOTH FC 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: AFA Consulting PLLC

2. (a) 600 NE 36 ST, APT, 1710, Miami, FL, 33137 (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**)

3. 01/23/2023 Date of filing/registration in Florida 4. L23000039636 Document number

5. (a) United States Corporation Agents, INC.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

476 Riverside Ave, Jacksonville, FL, 32202

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Jacksonville, FL 32202

(b) Alexander Fausto Alvarez  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

600 NE 36th ST, APT 1710

**NEW** Registered Office Address:

Miami, FL 33137

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.

Signature of a member or authorized representative of a member

Alexander Alvarez  
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.

Signature of Registered Agent

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2023 JUN -5 PM 3:45  
TALLAHASSEE, FLORIDA