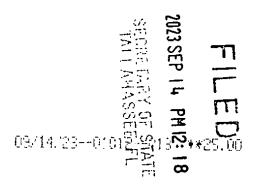
L25 000 228 085

(Requestor's Name)
(voquotos o vicino)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



10040665611





RECEIVE

COVER LETTER

Division of Corporations	
SUBJECT: TO CO	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Name of Person	<u>o S.</u>
Firm/Company	
401 PEARL STOWE	WAY APT 105
OZIALIDO FL 328 City/State and Zip Code	324
TE-mail address: (to be used for future and	nual report notification)
For further information concerning this matter,	please call:
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.

	NGE AVE.		(b) 401 PEARL STONE WAY APT 105				
	al office address of limited liabil Note: MUST BE STREET ADI		_ (-/	_	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
STE 500 #6.	381		OR	LANDO, FL, 328	824		
ORLANDO	, FL, 32806		<u> </u>	<u> </u>			
07/10/2023			L230	000228085			
Da	e of filing/registration in F	lorida	4.	Docume	nt number		
JEAN RUJA	NO SOSA				202 ⊝≘		
Registered Ag 2875 S OR	ent and Registered Office shown	on the records of th	e Florida Dep	i, of State:	FILED 2023 SEP 14 PM 12: 18 SECKLY ARY OF STATE TALL AHASSEE, FL		
Registered Of	Tice Address (MUST BE FLO	ORIDA STREET A	DDRESS)		IN OF		
STE 500 #0	381						
ORLANDO		FL_	2806		2: 18 STATE E. FL		
JEAN RUJA	NO SOSA			_	, , ,		
	NEW Registered Agent and/or	NEW Registered (Office address	;			
3731 GEOR	GE MARTIN RD						
NEW Registe	red Office Address:	<u> </u>					
MOUNT D	ORA						
		, FL	32757				
ge or changes will be identi	are made, the Florida street cal. Or, in the case of a Flo	t address of the r orida limited liab	egistered of oility compa	fice and the bus nv. it is hereby	s hereby confirmed that aft siness office of the registere confirmed that the change(ny or as otherwise provide		

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