

L23006278952

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Department of State  
Tallahassee, Florida

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: Patrimonial LLP, LLC

2. (a) 5523 NW 57th Terrace  
Principal office address of limited liability company.  
(Note: MUST BE STREET ADDRESS)  
Coral Springs, FL  
33067

(b) 5523 NW 57th Terrace  
Mailing address of limited liability company  
(Note: MAY BE POST OFFICE BOX)  
Coral Springs, FL  
33067

3. June 8, 2023 Date of filing/registration in Florida

4. 1.23000278952 Document number

5. (a) OLIVEIRA, PAULO C  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State  
5523 NW 57TH TERRACE  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
CORAL SPRINGS  
FL 33067

(b) C T Corporation System  
Enter name of NEW Registered Agent and/or NEW Registered Office address.  
1200 South Pine Island Road  
NEW Registered Office Address  
Plantation  
FL 33324

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: Paula Oliveira  
Printed or typed name of signer: Paula Oliveira

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.

John Flynn Assistant Secretary  
Signature of Registered Agent

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

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