123000284295

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

Office Use Only



400430330714

09/03/03/04--01/09--091 *#25.00



COVER LETTER

Division of Corporations ENERGY HOSPITALITY LLC	
SUBJECT: Name of	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
NATALIA HINCAPIE LONDONO	
Name of Person	
ENERGY HOSPITALITY LLC	
Firm/Company	
1865 79TH ST CSWY APT 51	
Address	
NORTH BAY VILLAGE, FL. 33141	
City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
NATHINCAPIEL15@GMAIL.COM	
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, plea	se call:
NATALIA HINCAPIE LONDONO at	786 8794241
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 amo	ount:
■ \$25 Filing Fee	S55 Filing Fee & Certified Copy

INHS18 (2/14)

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.

L. Na	ame of the limited liability company: ENERGY HOSPI	TALITY	' LLC			
2. (a)	20040 W DIXIE HWY APT 14304		(b) 20040 W DIXIE HWY APT 14304			
. ,	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	_ `	<u>.</u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	MIAMI, FL 33180	_	MIAMI	. F1. 33180		
	06/12/2023	_	L2300029	84295		
 (a) 	Date of filing/registration in Florida NATALIA HINCAPIE LONDONO	4.		Document number		
(u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat 20040 W DIXIE HWY APT 14304			i		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			NOZHJUN OB SECSTANI ALLISTANI ————————————————————————————————————	M	
	MIAMI FL	33180	-			
(b)	NATALIA HINCAPIE LONDONO	4) 00				
	Enter name of NEW Registered Agent and/or NEW Registered	Office at	<u>ldress</u> :	,, ή ω		
	1865 79TH ST CSWY APT 51					
	NEW Registered Office Address:	-				
	NORTH BAY VILLAGE, FL,	33141	···.			
change agent w was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	register bility co f the lin	ed office a impany, it aited liabil	and the business office of the regit t is hereby confirmed that the chall lity company or as otherwise pro-	stered	
 	WY	NA	FALIA HI	NCAPIE LONDONO		
Signature of a member or authorized representative of a member			Printed or typed name of signee			
processi the obli to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ly reflect a change in the registered office address. The I'm writing of this change.	te to act perform for in C ereby ce	in this ca ance of m Thapter 60 onfirm tha	spacity. I further agree to comply v duties, and I am familiar with a 05, F.S. Or, if this document is he u the limited liability company ha	with the nd accept ring filed s heen	

Signature of Registered Agent