## 123000290680

| (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: |  |  |  |
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## . COVER LETTER

| TO: Registration Section Division of Corporations  |  |  |  |  |  |
|--|--|--|--|--|--|
| Bisonte International ELC  |  |  |  |  |  |
| SUBJECT: Name of Limited Liability Company   |  |  |  |  |  |
| Dear Sir or Madam:   |  |  |  |  |  |
| The enclosed Registered Agent/Registered Office Chang  | ge and fee(s) are submitted for filing.  |  |  |  |  |
| Please return all correspondence concerning this matter t  | to the following:  |  |  |  |  |
| Alejandro A Zamora, Esq  |  |  |  |  |  |
| Name of Person   | <del></del>  |  |  |  |  |
| Law Offices of Alejandro A Zamora, Esq., PA  |  |  |  |  |  |
| Firm/Company   | <del></del>  |  |  |  |  |
| 1401 NW 17 Ave   |  |  |  |  |  |
| Address  |  |  |  |  |  |
| Miami, FL 33125  |  |  |  |  |  |
| City/State and Zip Code  |  |  |  |  |  |
| aazamora@aazamoralaw.com   |  |  |  |  |  |
| E-mail address: (to be used for future annual report   | t notification)  |  |  |  |  |
| For further information concerning this matter, please ca  | ill:   |  |  |  |  |
|  | 324-4512   |  |  |  |  |
| 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 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. N                        | ame of the limited liability company:  | tional LLC   |  |  |
|-----------------------------|--|--|--|--|
| 2. (a)                      | 1401 NW 17 Ave., Miami, FL 33125   | (b) 1401 NW 17 Ave., Miami, FL 33125   |  |  |
| 2. (,                       | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  |  | Mailing address of limited liability company:<br>(Note: MAY BE POST OFFICE BOX)  |  |
|                             | 1401 NW 17 Ave., Miami, FL 33125   |  |  |  |
|                             |  |  |  |  |
|                             | 06/15/2023   | L230002906   | 680  |  |
| 3.                          | Date of filing/registration in Florida   | 4.   | Document number  |  |
| 5 (-)                       | Law Offices of Alejandro A. Zamora, Esq., PA   |  | 024  |  |
| 5. (a)                      | Registered Agent and Registered Office shown on the records of   | of the Florida Dept. of Stat   | 可要可  |  |
|                             | Law Offices of Alejandro A. Zamora, Esq., PA   | ·  | FILED PH   |  |
|                             | Registered Office Address (MUST BE FLORIDA STREE   | T ADDRESS)   | - (; <u> </u>  |  |
|                             | 1845 NW 112th Ave. Suite 203   | <del></del>  | FILED 2024 HAY -3 PH 12: 00  |  |
|                             | Miami  | 33172  | 00   |  |
|                             | ,  | *L   | <u>-</u>   |  |
| (b)                         |  |  |  |  |
| (0)                         | Enter name of NEW Registered Agent and/or NEW Register   | ed Office address:   | _  |  |
|                             | Law Offices of Alejandro A. Zamora, Esq., PA   |  |  |  |
|                             | NEW Registered Office Address:   |  | -  |  |
|                             | 1401 NW 17 Ave.  |  | _  |  |
|                             | Miami  | FL 33125   |  |  |
|                             |  | .,   | _  |  |
| change<br>agent v<br>was/w  | imited liability company is not organized under the less or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members of organization or the operating agreement of the 4/24/2024 | ne registered office an<br>liability company, it is<br>s of the limited liabilit | d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany. |  |
| Signa Signa                 | 887686E4A476<br>iture of a member or authorized representative of a member   |  | Printed or typed name of signee  |  |
| provis<br>the obi<br>to mer | by accept the appointment as registered agent and a<br>ions of all statutes relative to the proper and complet<br>ligations of my position as registered agent as provide<br>ely reflect a change in the registered office address,  | e performance of my d<br>led for in Chapter 605                                  | duties, and I am familiar with and accept<br>i, F.S. Or, if this document is being filed                                   |  |
| My                          | andro Eamora 4/24/2024   |  |  |  |
| Signath                     | roasfitegistered Agent   |  |  |  |