

L23000 292935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

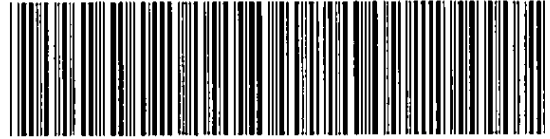
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200432935862

07/12/24--01036--035 **25.00

2024 JUL 12 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUXURY POOL, LLC

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:

CLARALMIRYS AGREDA LUGO

Name of Person

Firm/Company

5150 NE 6th AVE, APT 120

Address

FORT LAUDERDALE, FL 33334

City/State and Zip Code

LUXURYPOOL01@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLARALMIRYS AGREDA LUGO 786 263 1717

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

2024 JUL 12 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FL

**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: LUXURY POOL, LLC
2. (a) 5150 NE 6th AVE
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
APT 120
FORT LAUDERDALE, FL 33334
- (b) 5150 NE 6th AVE
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
APT 120
FORT LAUDERDALE, FL 33334
3. 06/19/2023 Date of filing/registration in Florida
4. L23000292935 Document number
5. (a) INC AUTHORITY RA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
390 NORTH ORANGE AVE.
Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)
STE 2300-N
ORLANDO, FL 32801
- (b) CLARALMIRYS AGREDA LUGO
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
5150 NE 6th AVE
NEW Registered Office Address:
APT 120
FORT LAUDERDALE, FL 33334

2021 JUL 12 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FL


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

CLARALMIRYS AGREDA LUGO

Printed or typed name of signer

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