L 23000 299534

(Requestor's Name)				
(Address)				
(Add	ress)			
(City	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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COVER LETTER

	gistration Section vision of Corporations		
SUBJECT	2900 NW 42 AVENUE LLC		
		Name of Limited I	Liability Company
Dear Sir or	Madam:		
The enclose	ed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.
Please retur	m all correspondence concerning	g this matter to the	e following:
Paula Perez			
•	Name of Person		
2900 NW 4	2 AVENUE LLC		
	Firm/Company		
4761 NW 30	0 Street		
-	Address		_
Coconut Cro	eek,Fl, 33063		
	City/State and Zip Coc	le	
pauperez22	14@live.com		
E-mai	I address: (to be used for future	annual report noti	fication)
For further	information concerning this mat	tter, please call:	
Paula Perez		954 at (479-0818
	Name of Person	ar (Area Code & Daytime Telephone Number
Re Div P.C	ailing Address: gistration Section vision of Corporations D. Box 6327 Hahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
En	closed is a check for the follow	ing amount:	
a :	\$25 Filing Fee		\$55 Filing Fee & Certified Copy
INHS18 (2/1	4)		

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. 1	Name of the limited liability company: 2900 NW 42 AV	'ENUE LLO	C			
2. (a	4761 NW 30 STREET COCONUT CREEK EL 33063	(b)	4761 NW 30 STREET COCONUT CREEK, FL 33063			
··· (1	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
						
	06/21/2023		1.23000299534			
3.	Date of filing/registration in Florida	4.	Document number			
5. (PEREZ, PAULA					
- (Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	Registered Office Address (MUST BE FLORIDA STREET	F 1 2025 HAY SECRESTIALLY				
	4761 NW 30 STREET.					
	COCONUT CREEK	33063	HASS			
		<u> </u>	-5 AM II: 39 ARY OF STATE HASSEE. FL			
(b			AM II: 39 SSEE. FL			
	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	dress:			
	NEW Registered Office Address:					
	4761 NW 30 STREET.					
	COCONUT CREEK	33063				
		·				
If the	limited liability company is not organized under the lage or changes are made, the Florida street address of the	ws of the S	State of Florida, it is hereby confirmed that after the d office and the business office of the registered			
agent	t will be identical. Or in the case of a Florida fimited li	ability cor	mpany, it is hereby confirmed that the change(s)			
the a	were authorized by an altimpative tote of the members of the organization of the operating agreement of the	of the fimited lia	ability company or as otherwise provided in			
	(X HORCE COLLEGE)		JLA PEREZ			
Sig	nature of a member or authorized representative of a member		Printed or typed name of signee			
I her provi the o to me notifi	why accept the appointment as registered agent and agents in some statutes relative to the proper and complete bligations of my position as registered agent as provide the vellect a change in the registered office address, I all in writing of this change.	ree to act i performa ed for in Ci hereby coi	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been			
Sign	ture of swistered Avent					

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