

L230000313248

WVW

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

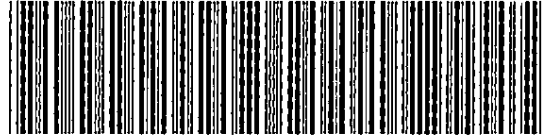
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 DEC 13 PM 5:08  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLEITAS REMODELING 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:

GLORIA J RICO OSPINA

Name of Person

FLEITAS REMODELING LLC

Firm/Company

1475 W 46 ST APTD 307B

Address

HIALEAH FL 33012

City/State and Zip Code

fleitasremodeling@gmail.com

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

For further information concerning this matter, please call:

GLORIA J RICO OSPINA                      754                      2723974  
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

**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: FLEITAS REMODELING LLC
2. (a) 1475 W 46 ST APTO 307B HIALEAH FL 33012  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)
- (b) 1475 W 46 ST APTO 307B HIALEAH FL 33012  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)
3. 06/29/2023 Date of filing/registration in Florida
4. 932268739 Document number
5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
IVIS SANCHEZ  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1475 W 46 ST APTO 307B HIALEAH, FL 33012
- (b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
GLORIA J RICO OSPINA  
**NEW** Registered Office Address:  
11516 SW 248 LN HOMESTEAD, FL 33032

**FILED**  
**2023 DEC 13 PM 5:08**  
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.

IVIS SANCHEZ

\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Printed or typed name of signee

*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]  
Signature of Registered Agent



1001 Type 1

**Coed. pair's County code**

**Passaporto № / Passport No.**

**AX102738**

**Adesidos: Sumario**  
**RICO OSPINA**

## Victories & Given Nations

GLORIA JENNY

**Nacionalizacija i Nacionalizam**

# COLOMBIA

Fecha de nacimiento / Date of birth  
16 MAR/MAR 1989

**Section 1.2**



15 ABR 74

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[illegible]

506631989633 <A>

Florida

DRIVER LICENSE

5522-400-96-559

SANCHEZ

1725 N 68TH ST APT 104

MALE APT 104 13012 0037

DOB 02/19/1996

EXP 02/19/2017

12 EYES 8

OR NONE

CLASS 1

SDO R0123017017

Operation of a motor vehicle without a valid driver's license is prohibited by law.