## L23000335313

(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:							
J. HORNE MAY 2 y 2024							

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## **COVER LETTER**

TO:

INHS18 (2/14)

Registration Section

Divi	sion of Corporations					
	NIETO DEVELOPER LLC  Name of Limited Liability Company					
SUBJECT:						
Dear Sir or N	Madam:					
The enclosed	Registered Agent/Registered	Office Change and f	fee(s) are submitted for filing.			
Please return	all correspondence concerning	g this matter to the fo	ollowing:			
OSCAR NIE	то					
	Name of Person	<u>.                                    </u>	<del></del>			
NIETO DEV	ELOPER LLC					
	Firm/Company		_			
5103 SW 121	ST AVE					
	Address		_			
COOPER CI	ГΥ					
	City/State and Zip Coo	de	<del>-</del>			
onietoc l@gn	nail.com					
E-mail	address: (to be used for future	annual report notific	cation)			
For further in	nformation concerning this ma	tter, please call:				
PEDRO GON	NZALEZ	786 at (	5019803			
	Name of Person		Area Code & Daytime Telephone Number			
Reg Div P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enc	losed is a check for the follov	ving amount:				
<b>=</b> \$	25 Filing Fee	<b>□</b> \$5	☐ \$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.

i. Na	ame of the limited liability company:	NIETO DEVELOPER LLC					
. (a)	5103 SW 121ST AVE, COOPER CITY		(b) _	(b) 5103 SW 121ST AVE, COOPER CITY, FL 33330			
(0,7	Principal office address of limited li (Note: MUST BE STREET)	• •		-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	07/14/2023	- Fl 1-		3000335313			
	Date of filing/registration in	n rio <del>nda</del>	4.	Document	t number		
. (a)	Registered Agent and Registered Office sho NIETO RUTH H Registered Office Address (MUST BE I 5103 SW 121ST AVE	wn on the records of t		pt. of State:	FILED PILED		
	COOPER CITY	Fi	33330		T I 1: 32		
(b)	OSCAR NIETO  Enter name of NEW Registered Agent and	or <u>NEW Registered</u>	Office addres	<u>ss</u> :	; <b>~</b>		
	NEW Registered Office Address:	<del></del>		<del> </del>			
	5103 SW 121ST AVE						
	COOPER CITY	, FL	33330				
hange gent v /as/we	imited liability company is not organ or changes are made, the Florida straight or, in the case of a cre authorized by an affirmative vote cles of organization or the operating	eet address of the Florida limited lia of the members of	registered o bility compa f the limited limited liabi	ffice and the busin any, it is hereby co I liability company	ess office of the registered onfirmed that the change(s)		
Signat	ture of a member or authorized representative	of a member			yped name of signee		
rovisi ie opli o mere	by accept the appointment as register ons of all statutes relative to the pro- igations of my position as registered ely feflect a change in the registered i if willing of this change.	ed agent and agre per and complete p agent as provided office address, I h	ee to act in toerformance for in Chaj ereby confi	this capacity. I fur e of my duties, and oter 605, F.S. Or, rm that the limited	ther agree to comply with the I am familiar with and accept if this document is being filed liability company has been		
Signatu	re of Registered Agent						