L23000369310

(Requestor's Name)				
(Add	dress)	<u>.</u>		
(Add	lress)			
(City	/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer.				
J. HORNE JAN 2 9 2024				
JA	N 2 9 2024	i		

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations		
SPAREN GLOBAL LLC SUBJECT:		
N:	ame of Limited Li	ability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	office Change and	fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the	following:
ADRIANA CARMONA		
Name of Person		<u> </u>
SPAREN GLOBAL LLC		
Firm/Company		
4711 NW 79TH AVE SUITE 91		
Address		_
DORAL, FL 33166		
City/State and Zip Code		_
kesco69@outlook.com		
E-mail address: (to be used for future a	nnual report notifi	cation)
For further information concerning this matte	er, please call:	
Adriana Carmona	786 at (781-2787)
Name of Person) Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following	ng amount:	
S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

INHS18 (2/14)

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: SPAREN GLOBA	L LLC			
2. (a)	4711 NW 79TH AVE SUITE 9L DORAL, FL 33166	(b) 4711 NW 79TH AVE SUITE 9I, DORAL, FL 33166			
(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ("/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	4711 NW 79TH AVE SUITE 9I, DORAL, FL 33166	4711 N	W 79TH AVE SUITE 91, DORAL, FL 33166		
	12/20/2023	L230003	10.5		
3.	Date of filing/registration in Florida ADRIANA CARMONA	4.	Document number		
5. (a)	Registered Agent and Registered Office shown on the records of a 4711 NW 79TH AVE SUITE 91, DORAL, FL 33166 Registered Office Address (MUST BE FLORIDA STREET A				
	4711 NW 79TH AVE SUITE 91, DORAL	24 JAN 33166 Office address: 50			
(b)	RENATO ASTO				
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	- Wills			
	4711 NW 79TH AVE SUITE 91. DORAL, FL 33166		0		
	NEW Registered Office Address:				
	4711 NW 79TH AVE SUITE 91, DORAL FL	33166			
change agent v was/wa	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered office bility company, f the limited liab	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.		
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee		
provisi the obl to merc	by accept the appointment as registered agent and agri ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address, I h I in writing of this change.	ve to act in this a performance of n I for in Chapter (ereby confirm th	apacity. I further agree to comply with the sy duties, and I am familiar with and accept 505, F.S. Or, if this document is being filed at the limited liability company has been		
	te of Registered Agent				