L23000428110

| (| Requestor's Name) | | | | |
|---|-------------------------|--------|--|--|--|
| (| Address) | | | | |
| (| Address) | | | | |
| (1 | City/State/Zip/Phone #) | | | | |
| PICK-UP | WAIT | MAIL | | | |
| (1 | Business Entity Name) | | | | |
| | | | | | |
| (| Document Number) | | | | |
| Certified Copies | Certificates of S | Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| L | 1. 1. 2023 | | | | |

Office Use Only



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COVER LETTER

| Division of Corporations | |
|--|--|
| GUIMAR & HIJOS INVERSIONES II LLC SUBJECT: | |
| | Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Change ar | nd fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to th | e following: |
| BETTINA MONTES | |
| Name of Person | |
| BMCE PROFESSIONAL SERVICES LLC | |
| Firm/Company | <u> </u> |
| 7726 WINEGARD ROAD, 2ND FLOOR | |
| Address | |
| ORLANDO FLORIDA 32809 | |
| City/State and Zip Code | |
| EMPRESASBMCE@GMAIL.COM | |
| E-mail address: (to be used for future annual report not | ification) |
| For further information concerning this matter, please call: | |
| BETTINA MONTES 786 | 2812065 |
| Name of Person | 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 | S55 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.

| ا (| 1034 PLANTATION LANE DAVENPORT FL 33896 Principal office address of limited liability company: | | (b | _ | TATION LANE DAVENPORT FL 33: ailing address of limited liability company: | |
|-----|--|-----------------|------|-------------|---|--|
| | (Note: MUST BE STREET ADDRESS) | | | •1 | (Note: MAY BE POST OF FICE BOX) | |
| | 1034 PLANTATION LANE DAVENPORT FL 3389 | 5 | | 1034 PLA? | STATION LANE DAVENPORT FL 33 | |
| | 09/14/2023 | | | L230004287 | 70 | |
| | Date of filing/registration in Florida | -1 . | - | | Document number | |
|) | GUILLERMO TINJACA PARRA | | | | | |
| | Registered Agent and Registered Office shown on the record 1034 PLANTATION LANE DAVENPORT FL 3389 | : | | | | |
| | Registered Office Address (MUST BE FLORIDA STRE 1034 PLANTATION LANE | ET ADDRI | ESS) | | | |
| | DAVENPORT | FL_33896 | 5 | | | |
|) | BMCE PROFESSIONAL SERVICES LLC | | | | : S | |
| _ | Enter name of NEW Registered Agent and/or NEW Regist | red Office | add | lress: | · · · · · · · · · · · · · · · · · · · | |
| | BETTINA MONTES | | | | | |
| | NEW Registered Office Address | | | | · | |
| | 7726 WINEGARD RD 2ND FLOOR | | | | ्रं | |
| | | | | | . . | |
| | ORLANDO | FL_32809 | ·) | | | |

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.

GUILLERMO TINJACA PARRA

Printed or typed name of signee

3 Montes

Signature of Registered Agent

Signature of a member or authorized representative of a member