## 12300041200

(Red	questor's Name)			
(Address)				
(Add	dress)			
(City	//State/Zip/Phone	e #)		
PłCK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
יסט)	Jument Namber)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
J. HORNE				
J. HORNE JUL - 3 2024				

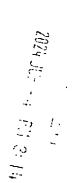
Office Use Only



300430584343

06/04/24--01023--023 \*\*25.00





## **COVER LETTER**

TO:	Registration Section Division of Corporations				
CHID IE	CYBERA HORIZON LLC				
Name of Limited Liability Company					
Dear Si	r or Madam:				
The end	closed Registered Agent/Registered Offic	e Change a	nd fee(s) are submitted for filing.		
Please i	return all correspondence concerning this	matter to ti	ne following:		
Luis Ed	uardo Carvajal				
	Name of Person		<del></del>		
DIREC	T TECH SERVICES. LLC				
	Firm/Company		<del></del>		
105 137	TH STREET NE				
•	Address		<del></del>		
BRADE	ENTON, FL 34212				
	City/State and Zip Code		<del></del> _		
cyberah	orizonllc@gmail.com				
E-	-mail address: (to be used for future annu-	al report no	tification)		
For furt	ther information concerning this matter, p	lease call:			
Luis Ed	uardo Carvajal	239 at (	420 4818		
	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 a	mount:			
	■ \$25 Filing Fee	0	\$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.

1. N	ame of the limited liability company: CYBERA HORIZ	ZON LLC	
2. (a)	4621 Bayshore Dr Apt Q5NAPLES, FL 34112	(b) <sup>4</sup>	621 Bayshore Dr Apt Q5NAPLES, FL 34112
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
•	09/27/2023		3000447206
3.	Date of filing/registration in Florida  KENNETH A ALVARADO	4.	Document number
	Registered Agent and Registered Office shown on the records of 1240 WILDWOOD LAKES BLVD 201  Registered Office Address	pt. of State:	
	NAPLES FL	34104	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office addre	<b>SS</b> :
	4621 Bayshore Dr Apt Q5		1 4.
	NEW Registered Office Address:		7.3 1 2.3 1 9.0
	NAPLES FL		<u>~~~~</u>
chang agent was/w	limited liability company is not organized under the layer or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liable ere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registered of ability compose the limited limited liab	office and the business office of the registered any, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
Sign	ature of a member or authorized representative of a member	KENNE	Printed or typed name of signee
I hero provis the ob	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as providerely reflect a change in the registered office address. It is discussed in writing of this change.	performanc	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept
Signat	ure of Registered Agent		