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(Re	questor's Name)	
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(Ad	dress)	
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(Cit	y/State/Zip/Phoni	e #)
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Certified Copies	_ Centificates	s of Status
Special Instructions to	Filing Officer:	

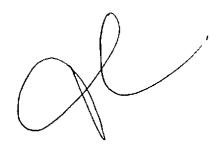




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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations		
SUBJECT: FLOG LLC	Numa of Limited Linkilling Community	
	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 concerni	ng this matter to the following:	
Maurice Pinto		
Name of Person		
FLOG LLC		
Firm/Company	· · · · · · · · · · · · · · · · · · ·	2023
323 Candia Ave.	JAL AHASSEE. FI	E E S S S S S S S S
Address	TIMSS.	00 TT
Coral Gables, FL 33134		: ZI H
City/State and Zip Co	de	30
mpintomail@gmail.com		
E-mail address: (to be used for future	annual report notification)	
For further information concerning this ma	tter, please call:	
Maurice Pinto	305 791-6781 at ()	
Name of Person	Area Code & Daytime Telephone Num	ber
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
rananassec, 11 52514	Tallahassee, FL 32303	
Enclosed is a check for the follow	ving 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.

a)	(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	323 Candia Ave.		323 C	Candia Ave.
	Coral Gables, FL 33134		Coral	l Gables, FL 33134
	10/30/2023		L23000	0492612
	Date of filing/registration in Florida	4.		Document number
(a)				
	Registered Agent and Registered Office shown on the records of	the Flor	da Dept. o	of State:
	UNITED STATES CORPORATION AGENTS, INC.			
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRE</u>	<u>SS)</u>	20
	476 RIVERSIDE AVE.			23
	JACKSONVILLE	32202		2023 NOV 28 PH 12: 30
	FI	L		
L۱				55° - P
b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office	address:	— EE: 112:
				Ph. 3
	Maurice Pinto			
	NEW Registered Office Address:			
	323 Candia Ave.	<u>.</u>		
	Coral Gables	33134		
	, FI	L		
	imited liability company is not organized under the la	ws of t	ne State o	of Florida, it is hereby confirmed that after
e]	mined natimity company is not organized under the la	• .	1 (1)	
ige it v	e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited him.	iability	company	y, it is hereby confirmed that the change(s)
ige it v	e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members	iability of the l	company mited lia	y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
ige it v	e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited him.	iability of the l : limited	company mited lia I liability	 y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
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nge it v wearti	e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	iability of the l inited M ree to a	company mited lia l liability aurice Pir ct in this	y, it is hereby confirmed that the change(s) ability company or as otherwise provided it y company. nto Printed or typed name of signee s capacity. I further agree to comply with the first duties, and I am familiar with and acc

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00