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(F	Requestor's Name)	
	Address)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions t	o Filing Officer:	
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	International Fabrics Investment	rs, LLC			
		Name of Limited Liability Company			
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered O	ffice Change and fe	ee(s) are submitted for filing.		
Please	return all correspondence concerning t	his matter to the fo	ollowing:		
Cristina	a Ramirez				
	Name of Person		_		
Interna	itional Fabrics Investments				
	Firm/Company		_		
14439	Bay Isle Dr				
	Address		_		
Orland	o, FL 32824				
	City/State and Zip Code				
cristina	a.ramirez.419@gmail.com				
	-mail address: (to be used for future a	nnual report notific	ation)		
For fur	ther information concerning this matter	er, please call:			
Cristina	a Ramirez	813 at (389-7092		
	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	ng amount:			
	⊈\$25 Filing Fee		5 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.

N	ame of the limited liability company: International Fa	abrics Investme	ents LLC
(a)	14439 Bay Isle Dr Orlando, FL 32824	(b)	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(v)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	November 10, 2023	1230	000511155
	Date of filing/registration in Florida	4.	Document number
10)	Republic Registered Agent LLC		
. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State		t. of State:
	Registered Office Address (MUST BE FLORIDA STREET	TADDRESS)	
	1150 NW 72nd Ave Tower 1 Ste 455,		
	Miami	33126	
			202 FÄLL
(b)			AH AR
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address	FIL 2024 DEC -4 TÄLLÄHÄSSEE
	NEW Registered Office Address:		S S S S S S S S S S S S S S S S S S S
	14439 Bay Isle Dr		M 8: 21 FLORIDA
	Orlando	32824	
inge ent s/w art	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	aws of the Stat ne registered of liability compa	ffice and the business office of the registered iny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
1	5Kufire7	Cris	stina Ramirez
igna	ature of a member or authorized representative of a member		Printed or typed name of signee
ovis v ob mer tifie	eby accept the appointment as registered agent and assions of all statutes relative to the proper and completeligations of my position as registered agent as provided well reflect a change in the registered office address, and writing of this change.	gree to act in ti e performance led for in Chap I hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed in that the limited liability company has been
- 1/	That use?		