23000535635

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(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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2021/HOV 15 PH 4: 22 SEUTE TALLAHASSEF STATE



COVER LETTER

imited Liability Company
ange and fee(s) are submitted for filing.
er to the following:

ort notification)
call:
305 2062159
Area Code & Daytime Telephone Number
Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
nt:
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.

	1970 NW 129TH AVE 101 MIAMI FL 33018	, SAME	3
(a) ₋	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) DECEMBER 1, 2023/ L23000535635	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		<u> </u>	
	Date of filing/registration in Florida	4.	Document number
(a)	ARCE ACCOUNTING SERVICES INC.		
. (u)	Registered Agent and Registered Office shown on the records of t	he Florida Dept. of	State:
	8742 NW 110 LANE		202
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	2021/NOV 15 PH 4: TALLAHASSEE.
	HIALEAH GARDENS, FL_	33018	
(b) .	SEBASTIAN P. GRUBISSICH		PH 4: 27 PH 4: 27 SSEE.FL
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	TE L
	1970 NW 129TH AVE MIAMI FL 330182		
	NEW Registered Office Address:		
	1970 NW 129TH AVE		
	MIAMI . FL	33018	
nge nt w s/we:	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the	registered office bility company, f the limited liab limited liability o	and the business office of the registered it is hereby confirmed that the change(s) oility company or as otherwise provided in
ignati	are of a member or authorized representative of a member		Printed or typed name of signee
ereb visič obli	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I h	ee to act in this operformance of reference of the continuity of t	capacity. I further agree to comply with the my duties, and I am familiar with and acce 605, F.S. Or, if this document is being file that the limited liability company has been