L24000052423

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





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00/28/24--01015--010 **25.00

- COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI						
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the f	following:			
Edua	rdo Velasquez					
	Name of Person					
Milo's	Workshop LLC					
	Firm/Company					
905 L	ake Shore Dr Apt 203					
	Address					
Lake	Park/ FL / 33403					
	City/State and Zip Code		_			
milos	workshop2024@gmail.com					
E-mail address: (to be used for future annual report notification)						
For fur	ther information concerning this matter,	please call:				
Edua	rdo Velasquez	at (772	253-6329			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.O	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314			
Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee	□ \$5	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.

1.	Name of the limited liability company: Milo's W	orkshop LLC			
2. (a	905 Lake Shore Dr Apt 203	_(b) 905	(b) 905 Lake Shore Dr Apt 203		
- . (Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Lake Park, FI, 33403	905	Lake Shore Dr Apt 203		
	1/29/2024	L2400	00052423		
3.	Date of filing/registration in Florida	4.	Document number		
<i>-</i> ,	Chevenne Moseley US CORP Agents				
5. (Registered Agent and Registered Office shown on the rec		f State:		
	Registered Office Address (MUST BE FLORIDA ST 382 NE 191st st #386580	<u>REET ADDRESS)</u>			
	Miami	, FL 33179			
(t	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	gistered Office address:			
	Eduardo Velasquez		. -		
	NEW Registered Office Address:				
	905 Lake Shore Dr Apt 203				
	Lake Park	, FL			
the c agen was/ the a	e limited liability company is not organized under hange or changes are made, the Florida street addit will be identical. Or, in the case of a Florida lim were authorized by an affirmative vote of the menuticles of organization or the operating agreement	ress of the registered on tited liability company of the limited lia	office and the business office of the registered , it is hereby confirmed that the change(s) bility company or as otherwise provided in		
I he prov the o to me	reby accept the appointment as registered agent a isions of all statutes relative to the proper and conbligations of my position as registered agent as perely reflect a change in the registered office addrived in writing of this change.	ind agree to act in this	capacity. I further agree to comply with the		

Signature of Registered Agent