



(Requestor's Name)						
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PICK-UP	WAIT MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: REZYD LLC			
	Name of Lin	nited Liah	ility Company
Dear Sir or Madam:			
The enclosed Registered A	Agent/Registered Office Chan	ge and fe	c(s) are submitted for filing.
Please return all correspon	idence concerning this matter	to the fol	lowing:
N	ame of Person		-
ASTRIDE US INC.			
F	irm/Company		•
1001 BRICKELL BAY DR	STE 2406		
	Address		•
MIAMI FL 33131			
City/	State and Zip Code		•
OPERATIONS@ASTRIDE	.us		
E-mail address: (to b	e used for future annual repo	rt notifica	tion)
For further information co	ncerning this matter, please c	alt:	
CRISTINA TEIXEIRA	7: at (46	300-5382
Name of I	····		Area Code & Daytime Telephone Number
Mailing Address Registration Section of Corp P.O. Box 6327 Tallahassee, FL	cion orations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a che	k for the following amount	:	
S25 Filing Fee		S \$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:				_	
2. (a)	15805 BISCAYNE BLVD STE 201		(b) 15805 BISCAYNE BLVD STE 201 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)					
	AVENTURA, FL 33160			VENTURA, FI	. 33160	
	03/08/2024		_	14000118986		
3.	Date of filing/registration in Florida	- ↓.	—			
	FL REGISTEREN AGENTS SERVICES LLC	→.		Docu	ment number	
5. (a)		F-1 F*1	: 1. 18			
	Registered Agent and Registered Office shown on the records of	the Flat	nda IX	ept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	(2.2.3	· - .		
	15805 BISCAYNE BLVD STE 201		-51-21			~
		22121				024
	MIAMI ,,FI	33131				
	ACTRICS LIG ING					ດວີ
(b)	ASTRIDE US INC. Enter name of NEW Registered Agent and/or NEW Registered	1 Office				ω
	Enter tame of NEW Registered Agent and or NEW Registered	Onice	2 ((()))	<u>:37;</u>		
						<u>-</u>
	NEW Registered Office Address:					. £
	1001 BRICKELL BAY DR STE 2406					, co
						
	MIAMI	33131				
	,FL					
if the I	imited liability company is obtorganized under the la- or changes are made, the Forida street address of the	ws of t	he St	ate of Florida.	it is hereby con	firmed that after the
change	or changes are made, the Yorida street address of the	: registi ahility	comi	office and the b	ousiness office	of the registered
was/w	will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization for the operating agreement of the	of the l	imite	d liability com	pany or as other	rwise provided in
he arti	cles of organization for the operating agreement of the					
Ciona	ture of a member or authorizing representative of a member		KLA		MACIEL JUNK	
-	by accept the appointment as registered agent and agr ons of all statutes refulive to the proper and complete igations of my positifyn as registered agent as provide elv reflect a chango in the registered office address, I i I in writing of this change.	ree to a perfor d for it hereby	nct in mane n Che conf		d or typed name of I further agree and I am fami Or, if this doe nited liability o	
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Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00