

L24000212450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

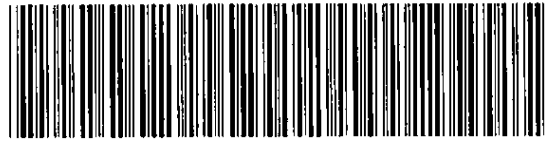
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100438489351

10/29/24--01027--006 **25.00

24 OCT 28 PM 5:24
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/29/24 BY 60322
UCBA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FUNES FLOORING SERVICES LLC

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 concerning this matter to the following:

Leyla Guzman

Name of Person

GUZMAN TAX & ACCOUNTING SERVICES CORP

Firm/Company

5270 Golden Gate Parkway Suite 103

Address

Naples FL 34116

City/State and Zip Code

OFFICE@GUZMANTAXES.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leyla M Guzman

239

645-2346

at (_____) _____

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 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.

1. Name of the limited liability company: FUNES FLOORING SERVICES LLC

2. (a) 3470 Soluna Loop Naples FL 34120
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

(b) 3470 Soluna Loop Naples FL 34120
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

3. 05/074/2024 Date of filing/registration in Florida

4. L24000212450 Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Nahn E. Funes Tobar 3470 Soluna Loop Naples FL 34120

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

3470 Soluna Loop

Naples, FL 34120

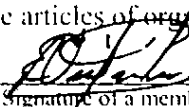
(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

NEW Registered Office Address:

3470 Soluna Loop

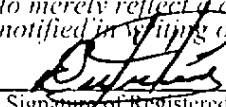
Naples, FL 34120

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

Nahn Ernesto Funes Tobar
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent