L24000253094

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COVER LETTER

TO: Registration Section Division of Corporations

CAPITAL BUILDWORKS ALLIANCE, LLC. SUBJECT:

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:

LUCIANO PERERA

Name of Person

CAPITAL BUILDWORKS ALLIANCE, LLC.

Firm/Company

11704 S. ISLAND ROAD

Address

HOLLYWOOD, FL 33026

City/State and Zip Code

mario@dzamora.com

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

For further information concerning this matter, please call:

Mario Zamora	786 888-9000 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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.

a)	11704 S. ISLAND ROAD		(b)	11704 S. ISLAND ROAD
-7	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		(-)	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	HOLLYWOOD, FL 33026			HOLLYWOOD, FL 33026
	06/21/2024		L	.24000283094
	Date of filing/registration in Florida	4.	_	Document number
a)	PEREA, LUCIANO			
	Registered Agent and Registered Office shown on the records of 11704 S. ISLAND ROAD Registered Office Address (MUST BE FLORIDA STREE)			·
	HOLLYWOOD	33026		
)	PERERA, LUCIANO			
·				
·	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office	addr	ress: 1
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 11704 S. ISLAND ROAD	d Office	addr	<u>ف</u>
		d Office	addr	
	11704 S. ISLAND ROAD	33026		<u>ف</u>
e li ge	11704 S. ISLAND ROAD NEW Registered Office Address:	L 33026 L e registi iability of the l e limite	he S ered com imited d lia	State of Florida, it is hereby confirmed that after office and the business office of the registered apany, it is hereby confirmed that the change(s red liability company or as otherwise provided

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.

Juran ø ನ್

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

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