L24000 311250

(Requestor's Name)					
(Address)					
(Address)					
(Addless)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Special instructions to 1 ming officer.					





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SECIALIZARI OF STATE TALLAHASSEE, FL

FILED
2024HOV 22 AM 10: 43



COVER LETTER

	ration Section on of Corporations					
ountrom F	FLECHA INVESTMENT GROUP LLC					
SUBJECT: Name of Limited Liability Company						
Dear Sir or Ma	odom:					
The enclosed I	Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.				
Please return a	ll correspondence concerning this matter	to the following:				
JOSE MEDINA						
	Name of Person					
FLECHA INVES	STMENT GROUP LLC					
	Firm/Company					
3005 SW 155 A	VENUE					
	Address					
MIAMI FL 3318	5					
	City/State and Zip Code					
FLECHAINVES	TMENT@GMAIL.COM					
E-mail address: (to be used for future annual report notification)						
For further info	ormation concerning this matter, please co	all:				
TOSE MEDIKH at 786,508 6830						
	Name of Person	Area Code & Daytime Telephone Number				
Regist Divisio Cliftor 2661 E	ET/COURIER ADDRESS: ration Section on of Corporations a Building Executive Center Circle assee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:						
4 \$25	Filing Fee	☐ 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

1.	Name of the limited liability company:	MENT GR	OUP LLC	
2. (a	1)	(b))	
`	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			dailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300		7901 4th S	t N STE 300
	St. Petersburg FL 33702		St. Petersb	urg FL 33702
	07/12/24	I	L240003112	50
3.	Date of filing/registration in Florida	4.		Document number
5. (a)			
(Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	::
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		
				20 7
	, FI	•		蓝青市
(b	JOSE MEDINA		.	THE ED 1024 HOV 22 AH 10: 43 STALLAHASSEE. FL
\-	Enter name of NEW Registered Agent and/or NEW Registered Office address:			ASS
	3005 SW 155th AVENUE			EE. F
	NEW Registered Office Address:			THE W
		_		
	MIAMI FL	_33185 		
the c agen was/ the a Sign Flier proyethe o to mo	limited liability company is not organized under the lash hange or changes are made, the Islorida street address of a will be identical. Or, in the case of a Florida limited limited by an affirmative vote of the members of the operating agreement of the operating agreement of the mature of a member or authorized representative of a member report accept the appointment as registered agent and agreed to all statutes relative to the proper and complete bligations of my position as registered agent as provide the proper and complete being reflect a change in the registered office address. It again writing of this change. Taylor Newman - Assistant S	the regis ability color the limited li	tered office impany, it is ted liability ability com	and the business office of the registered shereby confirmed that the change(s) company or as otherwise provided in upany. Printed or typed name of signee active. I further agree to comply with the
Signa	ture of Registered Agent			