L24000347377

(Re	equestor's Name)	
(Ac	idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
	-	
	Office Use Only	. <i>W</i>



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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations								
CRISTIAN HERNANDEZ ASSOCIATES. LE SUBJECT:	LC							
SUBJECT: Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter	_							
CRISTIAN HERNANDEZ								
Name of Person	 _							
Firm/Company								
11156 SUSPENSE DR	LETA L							
Address								
WINTER GARDEN, FL 34787	SECRETARY OF STATE SECRETARY OF STATE STALL AHASSEE. FL							
City/State and Zip Code								
cristianhernandez27@icloud.com								
E-mail address: (to be used for future annual repor	t notification)							
For further information concerning this matter, please ca	all:							
Cristian Hernandez at (7								
	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:								

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.	Na	une of the limited liability company: CRISTIAN HERN	ANDE	Z /	ASSOCIAT	res, llc			
2. (a)	11156 SUSPENSE DR	(b) 11156 SUSPENSE DR						
	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	(0)		Mailing address o		-	
		WINTER GARDEN, FL 34787	_		WINTER (GARDEN, FL 3	34787		
		08/05/2024	_	L	.240003473	377			
 3. 5. 	(a)	Date of filing/registration in Florida CRISTIAN HERNANDEZ	4.	_		Document nu	mber		
J. (u)	(-)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 14680 WESTERLY DRIVE			Dept. of State	e:			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) APT, 5231				-			
		WINTER GARDEN, FL_	3478	7	_	-	SECR	2024 NOV -	ومتتاءا
(b)	b)	Enter name of NEW Registered Agent and/or NEW Registered Office address: 11156 SUSPENSE DR NEW Registered Office Address:			ress:	-	TARY OF STATE	N-1 WHII: 15	
		WINTER GARDEN , FL	34787	7		-	, ,		
char ager was	ige it w /we irtic	mited liability company is not organized under the laws or changes are made, the Florida street address of the roll be identical. Or, in the case of a Florida limited liab to authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability with the liability of the liability o	register pility c the lir	red on mit	l office and pany, it is ed liability bility com	d the business s hereby confir y company or a	office of the med that the as otherwis	e regis	stered
Sig		ure of a member or authorized representative of a member				Printed or typed	name of sign	cc	
I he prov the o to m notij	ieu	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete partions of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change.	e to ac erform for in ereby c	et in nar Ch con	n this capa ice of my a papter 605, firm that t	acity. I further luties, and I ar . F.S. Or, if th the limited liab	agree to c n familiar is documen pility compo	omply with an it is be iny ha	with the nd accept sing filed s been
Sign		Castlan George of Registered Agent							