L24000408284

(Requestor's Name)								
(Address)								
(A) (1,)								
(Address)								
(City/State/Zip/Phone #)								
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PICK-UP WAIT MAIL								
(Business Entity Name)								
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THE STATE OF THE STATE OF





COVER LETTER

	Registration Section Division of Corporations								
SUBJEC	F-FORT LLC								
	Name of Limited Liability Company								
Dear Sir	or Madam:								
The encl	osed Registered Agent/Registered (Office Change and	fee(s) are submitted for filing.						
Please re	turn all correspondence concerning	, this matter to the f	following:						
ALEJAN	DRO FORT CASTRO								
	Name of Person								
F-FORT									
	Firm/Company		_						
4779 COI	LLINS AVE #2808								
	Address		_						
MIAMI E	BEACH, FL 33140								
	City/State and Zip Code	e	_						
alejandroi	fort@fronton.com.pe								
E-n	nail address: (to be used for future a	innual report notifi	cation)						
For furth	er information concerning this matt	er, please call:							
Anthony 1	Bauza	305 at (720-2844						
	Name of Person		Area Code & Daytime Telephone Number						
F [F	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, Fl. 32303						
ŀ	Enclosed is a check for the followi	ng amount:							
•	■ \$25 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.	Na	me of the limited liability company: F-FORT LLC									
2.	(a)	2201 S OCEAN DRIVE	(b) 4779 COLLINS AVE								
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	· / _	-				ed fiability co ST OFFICE I		
		#203		#	2808						
		HOLLYWOOD, FL 33019		۸	иамі і	веасн	, FL 33140)			
		09/19/2024		L2	400040	8284					
3.		Date of filing/registration in Florida 4.	•			Docu	ment nun	ıber			
5.	(a)	BRINGAS, ROSSANA									
	·/	Registered Agent and Registered Office shown on the records of the Flo	rida	a Da	ept. of St	ate:					
		4779 COLLINS AVE									
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_					
		#2808									
		MIAMI BEACH, FL_3314	()			_	_				
	(b)	FORT CASTRO, ALEJANDRO									
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			<u>:55</u> :	:		•	2021 GOT		
		FORT CASTRO, ALEJANDRO									
		NEW Registered Office Address:									
		#2808					Ä.		2		
									ίĐ		
		MIAMI BEACH	0			<u> </u>	<u>- :</u>		Pii 9: 1:8		
cha age was the S I h pro the	inge nt v s/we arti- ignat erel visio obli- nere	mited liability company is not organized under the laws of or changes are made, the Florida street address of the regis will be identical. Or, in the case of a Florida limited liability are authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limited where the appointment as registered agent and agree to ons of all statutes relative to the proper and complete performance of the proper address. I hereby the proper address of the proper address. I hereby the proper address of the proper address of the proper address.	tere co lim ed li	ed omposite liab	office a pany, it d liability co	nd the this herethity community community. A BRIN Printer provides	ousiness of confirmation or a second or typed of the confirmation	office med to s oth	e of the regithat the chanerwise pro-	stered nge(s) vided in	
		ALEJANDRO FORT CASTRO									

ALEJANDRO FORT CASTRO

Signature of Registered Agent