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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

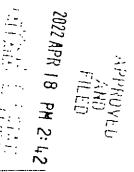
Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

I I	Address:			
email.	ACCTERK:			

## LLC REGISTERED AGENT CHANGE HENCORP BECSTONE FINANCIAL SERVICES, L.C.

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## 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	ES, L.C.					
2.	(a) .	777 BRICKELL AVENUE, SUITE 1010 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) 777 BRICKELL AVENUE, SUITE 1010  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
		MIAMI, FL 33131		MIAMI, FL 33131			
		01/25/1999		99000000396			
3.		Date of filing/registration in Florida	4.	Document number			
5	(a)	RAUL HENRIQUEZ					
٥.	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
		777 BRICKELL AVENUE, SUITE 1010					
		Registered Office Address (MUST BE FLORIDA STREET	<del></del>				
			<del></del>	<del></del>			
		MIAMI , FI	L 33131		20		
					2022 APR		
(b)		Corporate Creations Network Inc.		PR 2			
		Enter name of NEW Registered Agent and/or NEW Registered	d Office addr	<u>!55</u> :	(a) (a) (4)		
		801 US Highway 1					
		NEW Registered Office Address:					
					<b>5</b> 2		
			<u>-</u>				
		North Palm Beach F	L 33408				
cha age	ange ent v is/wo	imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members cless of organization or the operating agreement of the	e registered ability com of the limite limited lial	office and the business office pany, it is hereby confirmed to ed liability company or as oth	that the change(s) erwise provided in		
_	Signa	turned a member or authorized representative of a member	001110	Printed or typed name			
11 prothe	here ovisi e obl mer	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide lyreflect ochange in the registered office address, I d in writing of this change.	r performan ed for in Cha hereby conf	reatmonumes ana tam iam	unar wun ana accepe		
¥	natu	Jenisa Irizarry, Special Sere of Registered Agent	G Clairy				