# M03000002110

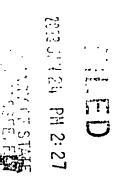
| (Requestor's Name)               |                        |  |  |  |  |
|----------------------------------|------------------------|--|--|--|--|
| (Address)                        |                        |  |  |  |  |
| (Address)                        |                        |  |  |  |  |
| (City/State                      | /Zip/Phone #)          |  |  |  |  |
| PICK-UP                          | WAIT MAIL              |  |  |  |  |
| (Business                        | Entity Name)           |  |  |  |  |
| (Document Number)                |                        |  |  |  |  |
| Certified Copies                 | Certificates of Status |  |  |  |  |
| Special Instructions to Filing 0 | Officer:               |  |  |  |  |
|                                  |                        |  |  |  |  |
|                                  |                        |  |  |  |  |
|                                  |                        |  |  |  |  |

Office Use Only



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01/24/23--01015--005 \*\*25.00



R. HUNT 01/24/23

## GONZALEZ HOLDINGS, LLC

#### 217 Live Oak Ln.

### Altamonte Springs, FI 32714

January 17, 2023

**Registration Section** 

**Division of Corporations** 

PO Box 6327

Tallahassee, FL 32314

Dear Sirs,

Attached please find the application and fee to change the address of the Registered Agent for Gonzalez Holdings, LLC.

I also needed to change the address of the Authorized Person (Vilma Gonzalez), however I couldn't find where to write the new address. Would you please assist me with this:

Authorized Person: Vilma Gonzalez

New Address: 217 Live Oak Ln., Altamonte Springs, FL 32714.

Also attached is a copy of Detail by Entity page for your reference.

Thank you in advance for your great assistance.

Vilma Gonzalez, MGR

**Authorized Person** 

321-217-3471

#### **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: GONZalez Holdings, LLC 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:   |
| Jaime González<br>Name of Person  |
| Gonzalez Holdings, LLC Firm/Company   |
| 217 Live Oak Ln.  Address  Alla mate Society F 22744  |
| Altamonte Springs, FL 32714  City/State and Zip Code  |
| E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:  |
| Vilma Gonzalez at (321) 217-3471  Name of Person Area Code & Daytime Telephone Number   |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303 |
| Enclosed is a check for the following amount:   |

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

# 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.

| ١.    | Na           | ame of the limited liability company: <u>Souzal</u>   | ez                      | Holdings                             | 4C                                   |              |
|-------|--------------|---|-------------------------|--------------------------------------|--------------------------------------|--------------|
| 2. (  |              |   | (b) _                   | J                                    | ,                                    |              |
| '     | ( ,          | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)                                     | (0)_                    | •                                    | ss of limited liability co           |              |
|       |              | 217 Live Oak Ln.  | _                       | 217 LIVE                             | Oak Ln                               |              |
|       |              | Altamonte Springs, FC 32714   | _                       | altammte                             | Springs, FC                          | -3271        |
|       |              | 6-27-2003   |                         | M030000                              | 2110                                 |              |
| 3.    |              |   | 4.                      | Document                             |                                      | <del></del>  |
| 5.    | (a)          | Jaime González  |                         |                                      |                                      |              |
|       | ()           | Registered Agent and Registered Office shown on the records of the F  | Florida De              | pt. of State:                        |                                      |              |
|       |              |   |                         |                                      |                                      |              |
|       |              | Registered Office Address (MUST BE FLORIDA STREET ADD   | <u>(RESS)</u>           |                                      |                                      |              |
|       |              | 1010 Terrace Blvd   |                         |                                      |                                      |              |
|       |              | Onlando ,FL   | 328                     | <i>03</i>                            | 2023                                 |              |
| (     | b)           | Enter name of NEW Registered Agent and/or NEW Registered Offi   |                         |                                      |                                      |              |
|       |              | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Offi</u>   | ice addre               | <u> </u>                             | 16 F                                 | or san       |
|       |              |   |                         |                                      |                                      | <b></b> -    |
|       |              | NEW Registered Office Address:  |                         | <del></del>                          | 2: 2:<br>8:FL<br>5:FL                |              |
|       |              | 217 Live Oak Ln.  | •                       | <del></del>                          | -<br>31<br>7.                        |              |
|       |              | Altamonte Springs FL.3  | 327                     | 14                                   |                                      |              |
| If th | ne li<br>nge | imited liability company is not organized under the laws o<br>or changes are made, the Florida street address of the regi | f the Sta               | te of Florida, it is h               | ereby confirmed thates of the region | at after the |
| agei  | nť w         | vill be identical. Or, in the case of a Florida limited liability   | ty comp                 | any, it is hereby cor                | nfirmed that the cha                 | nge(s)       |
| the   | rwe<br>artic | ere authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limi   | e iimited<br>ited liabi | i naomty company (<br>Ility company, | or as otherwise prov                 | vided in     |
|       |              | LC Hes  |                         | Jaine                                | Gonzalo                              | 2            |
| Si    | enah         | ture of a member or authorized representative of a member   |                         | Printed or tv                        | ned name of signee                   |              |

Signature of Registered Agent

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the 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.