M20000009851

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





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COVER LETTER

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations				
cup ir		AFUA MANAGE	EMENT COMPANY L.L.C.		
SUBJE	T:Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered	Office Change a	and fee(s) are submitted for filing.		
Please	return all correspondence concerning	g this matter to th	the following:		
EUGE	NE H. GAUDETTE				
	Name of Person				
	Firm/Company				
P.O. Bo	OX N				
	Address				
SANFO	ORD, ME 04073				
	City/State and Zip Cod	le			
	@ehglaw.com				
Е	-mail address: (to be used for future	annual report no	notification)		
For fur	ther information concerning this mat	tter, please call:	:		
TIFFA	NY CAMIRE	207 at (324-1551		
•	Name of Person	at (Area Code & Daytime Telephone N	Jumber	
	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 8 Tallahassee. FL 32303	10	
	Enclosed is a check for the follow	ing amount:			
	■ \$25 Filing Fee	٥	\$55 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.

i. Na	CAFUA	MANA	GEMENT C	COMPANY L.L.C.
2. (a)		(b)	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4100 N POWERLINE RD, UNIT M1		280 MER	RRIMACK STREET
	POMPANO BEACH, FL 33073		METHU	EN, MA 01844
	OCTOBER 27, 2020		M2000000	99851
3.	Date of filing/registration in Florida	- 4.	<u></u>	Document number
5. (a)				
э. (a)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Sta	ate:
	EUGENE H. GAUDETTE			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u></u>	
	12236 TILLINGHAST CIRCLE			<i>∞</i> ≥
	PALM BEACH GARDENS . FI	33418	<u>.</u>	2021 AUG SECRETA
				76.26 76.26 76.83
(b)	Enter name of NEW Registered Agent and/or NEW Registered			<u> </u>
	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:	
	CAFUA CONSULTING COMPANY, LLC		. <u>-</u>	_ <u> </u>
	NEW Registered Office Address:			, 10
	4100 N POWERLINE ROAD, UNIT MI			
	POMPANO BEACH , FI	3307.	}	
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registe lability of of the li e limited	red office a company, it mited liabil	is hereby confirmed that the change(s) ity company or as otherwise provided in impany.
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It is writing of this change.	ree to a perfori d for in hereby	ct in this ca nance of my Chapter bl confirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accep 15, F.S. Or, if this document is being filed the limited liability company has been
Signat	ure of Registered Agent			