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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT:	Love	Key L	16
		Name of Limite	ed Liability Company
Dear Sir or Madam:			
The enclosed Registere	ed Agent/Registere	ed Office Change	and fee(s) are submitted for filing.
Please return all corres	pondence concern	ing this matter to	the following:
Danilo	Encarnacio Name of Person	2Λ	
Love	Key LLC Firm Company		
SIS E Las C) as Bowlers Address	id Suite 12	o-H77
Fort Landerdale	Florida ty/State and Zip C	3330 1 Tode	
love health	amx. Com	re annual report n	otification)
For further information	concerning this n	natter, please call:	
Danilo Encarna Name	<u>GoΛ</u> of Person	at (<u></u> 40	8 335 - 3441 Area Code & Daytime Telephone Number
Mailing Add Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7		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 follo	owing amount:	
🛭 \$25 Filing 1	`ec		1 \$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.

1. N	ame of the limited liability company:	Ken	U(
2. (a)	515 E Las Olas Boulevard)	(b) SIS E	- Las Olas Be	oulerard	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limite (Note: MAY BE POS	-	
	Suite 120-H77		5	ite 120-47	7	
	Fact Lauderdale F1 33301		Fact 1	cuda colche Fl	_ 3330	 ว1
	1011 20001 (12))		_1.01_1	- marciale, I I		
	07/29/2024		M24	-00000-985	J	
3.	Date of fifing/registration in Florida	4.		Document number		
5. (a)	Registered Agent and Registered Office shown on the record	ds of the Floric	da Dent, of Stat	 te:		
	515 E Las Olas Boulevard			•••		
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES	<u>SS)</u>	_		
	Suite 120-H77			_		
	Fort Lauderdale	. fl_ 330	01		2024	
(b)	Danilo Encarnacion			AHASSEE	2024 SEP	
(0)	Enter name of NEW Registered Agent and/or NEW Regist	tered Office a	ddress:	- SSE	20	T
				ا عا 1	圣	Ö
	NEW Registered Office Address:				H 8: 29	
					>	
		, FL		_		
If the	limited liability company is not organized under the e or changes are made, the Florida street address of	e laws of the	e State of Flo red office an	orida, it is hereby co	infirmed the	nat after the
agent	will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membe	ed liability c	ompany, it is	s hereby confirmed:	that the ch	nange(s)
	icles of organization or the operating agreement of $A \cap A \cap A$		liability con	npany.	•	
Signa	ature of a member or authorized representative of a member	·	Vanilo	Encacracion Printed or typed name	of signee	
I here provis	by accept the appointment as registered agent and ions of all statutes relative to the proper and comp	' agree to ac lete perforn	t in this can	acity. I further agre	e to comp	ly with the
the ob	ions of all statutes relative to the proper and compiligations of my position as registered agent as provely reflect a change in the registered office address	vided för in s. I hereby c	Chaptér 605 confirm that	5, F.S. Or, if this doc the limited liability o	cument is company f	being filed has been
noujie	and this change.					
Signati	are of Registered Agent	-				