

P15 0000 42513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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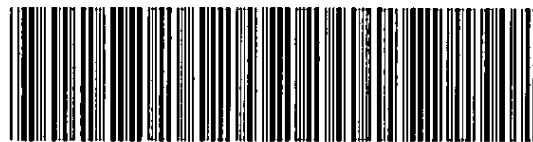
(Business Entity Name)

(Document Number)

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FEDERAL BUREAU OF INVESTIGATION  
ATLANTA, GEORGIA

OCT 2 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

Arnaldo Mayrink Inc.

**SUBJECT:** \_\_\_\_\_  
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:

Joanna Mayrink

\_\_\_\_\_  
Name of Person

Arnaldo Mayrink Inc.

\_\_\_\_\_  
Firm/Company

790 111th Ave N

\_\_\_\_\_  
Address

Naples, FL 34108

\_\_\_\_\_  
City/State and Zip Code

lifeincoloradbm@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arnaldo Mayrink 239 257 9328

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$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.*

**Arnaldo Mayrink Inc.**

1. Name of the limited liability company: 790 111th Ave N, Naples FL 34108 790 111th Ave N, Naples FL 34108
2. (a) Principal office address of limited liability company: (b) Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

MAY12 2015

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3. Date of filing/registration in Florida 4. Document number

Joanna Szlapa Ortiz

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
790 111th Ave N,

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Naples 34108  
, FL

Joanna Mayrink

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

790 111th Ave N,

NEW Registered Office Address:

Naples 34108  
, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Joanna Mayrink

Signature of a member or authorized representative of a member

Printed or typed name of signee

*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.*

Signature of Registered Agent

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314**

**FILING FEE: \$25.00**

FILED  
SEP 16 PM 04  
TALLAHASSEE, FLORIDA