P2100032946

(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 Officer:

Office Use Only



000373648660

09.127/21--01009--003 ++95.00





COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: CHRYSANTHEMUM ENTERPRISE: Name of Corporation	S LIMITED CO.
DOCUMENT NUMBER: P21000032946	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
ISABEL MORENO	
Name of Contact Person	
WDA CONSULTING	
Firm/Company	
848 BRICKELL AVENUE, SUITE 1000	
Address	
MIAMI, FLORIDA 33131	
City/State and Zip Code	
PARALEGAL@WDALEGA	AL.COM
E-mail address: (to be used for future annua	l report notification)
For further information concerning this matter,	please call:
ISABEL MORENO	_{21.6} 305
Name of Contact Person	at (305) 988-8002 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address:
	Amendment Section
Division of Corporations	Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/E3)

P.O. Box 6327

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1; inge is submitted for a corporation organized und ir to change its registered office or registered agen	er the laws of the State of <u>Fl</u>	.ORIDA
The name of a The principal	the corporation: CHRYSANTHEMUM ENTERPRIOR office address: 848 BRICKELL AVENUE, SUITE	ISES LIMITED CO. 1000, MIAMI, FLORIDA 331	131
3. The mailing a	address (if different): N/A		
4. Date of incorp	poration/qualification: 04/06/2021 De	ocument number: P21000032	946
	I street address of the current registered agent and rtment of State: (If resigned, enter resigned)	registered office on file with	the .
	NRAI SERVICES, INC.		
	1200 S PINE ISLAND ROAD		
	PLANTATION, FLORIDA 33324		202 SE
6. The name and (if changed):	d street address of the new registered agent (if cha	nged) and /or registered offic	2021 SEP 27 SECHERRY TALBARA
	WDA CONSULTING		<u>.</u>
	848 BRICKELL AVENUE, SUITE 1000		
	P.O Hox NOT acce MIAMI, FLORIDA 33131	ptable .	94.6
The street address changed will	ess of its registered office and the street address be identical.	of the business office of its	registered agent,
Such change wanthorized by the	as authorized by resolution duly adopted by its be board, or the corporation has been notified in	ooard of directors or by an o writing of the change.	fficer so
<i>\$</i> }0	ly Candie HERA	SANDO DIAZ, OFFICER	
• •	re of an officer or director	Printed or typed name and title	
I further agree of my duties, ar document is bei	the appointment as registered agent and agree to comply with the provisions of all statutes rela id I am familiar with and accept the obligation a ing filed merely to reflect a change in the registe s been notified in writing of this change.	tive to the proper and comp of my position as registered	agem. Or. n ims
	SEPTI	EMBER 24, 2021	
Sil	manne Regulated Agent	Date	
If signing on be	chalf of an entity:		
Isabel Horn	ino /WDA Consulting		
	* * * FILING FEE: \$35.	00 * * *	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 3)

CR2E045 (04/13)