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(Requestor's Name) (Address) (Address)	500373809745
(City/State/Zip/Phone #)	FILED 509/27/21-01033-017 ++35.00 SECKEIARY OF STATE FLORIDA 14LLAHASSEE, FLORIDA
Special Instructions to Filing Officer:	

DEC 1 3 2021 S. PRATHER



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2021 DEC -6 AM 8:08

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 5, 2021

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LILIANA HERNANDEZ 1722 THOMAS ST., UNIT 7 HOLLYWOOD, FL 33020

SUBJECT: LILIANA HERNANDEZ INC Ref. Number: P21000077146

We have received your document for LILIANA HERNANDEZ INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacy Prather Regulatory Specialist III

Letter Number: 821A00024206

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Liliana Name of Corporation Hornández Inc

DOCUMENT NUMBER: P2100077146

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Liliana Hernández
Name of Contact Person
Liliang Hernander Inc
Firm/Company
1722 Thomas st Unit7
Address
Hollywood Fl 33020 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future adnual report notification)
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liliang Hernández at (786) 5806134 Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of $\underline{Floyidq}$ _______ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Liliane Hernández Inc		_
2. The principal office address: 1722 Thomas St Unit 7. Hollywood, Fl.	3302	0
		-
3. The mailing address (if different):		_
4. Date of incorporation/qualification: 0813012021 Document number: $P2100007$	7146	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)		
Liliana Hernandez 50	. ~3	
WIS. Federal Huy	0 130	
Danie Beech, Fl 33004	2021 DEC -6	Ē
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	Рн	Ъ П
Liliana Hernändez	2: 07	
1722 Thomas st. Unit7.		
P.O. Box NOT acceptable		
Hollywood, FI, 33020		

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Ilang Hernandez Printed or typed name and title DA Signature of an officer or director

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

11 24 2021

If signing on behalf of an entity:

iliana Hernande Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)