Division of Corporations

## 2/3/25, 1:04 PM

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000041363 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

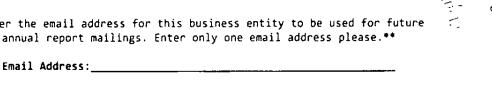
From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future

Fmail	Address:	
	AUGI COO.	 





## LLC REGISTERED AGENT CHANGE SHIMADA INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

FEB - 4 2025

## **COVER LETTER**

	gistration Section vision of Corporations							
SUBJECT:	SHIMADA INVESTMENTS LLC							
Separe	Name of Limited Liability Company							
Dear Sir or	Madam:							
The enclose	d Registered Agent/Registered Of	fice Change and	d fee(s) are submitted for filing.					
Please retur	n all correspondence concerning th	nis matter to the	: following:					
Mary Castil	lo							
	Name of Person		<del></del>					
Registered A	gent Solutions, Inc.							
	Firm/Company		<del></del>					
Corporate Co	enter One, 5301 Southwest Pkwy, Ste	400						
	Address							
Austin, TX 7	78735							
	City/State and Zip Code							
E-mai	address: (to be used for future and	nual report noti	fication)					
For further i	information concerning this matter	, please call:						
Mary Castil	lo	888 at (	705-7274 )					
	Name of Person		Area Code & Daytime Telephone Number					
Reg Div P.O	iling Address: gistration Section rision of Corporations Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enc	losed is a check for the following	amount:						
□ s	25 Filing Fee		655 Filing Fee & Certified Copy					
INHS18 (2/1-	4)							

15129570210

## 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. Na	ame of the limited liability company:	ESTMEN	ITS LLC		
2. (a)	CALLE HAVRE 176, COL. VILLA VERDUN	(	b) CALLE H	AVRE 176,	COL. VILLA VERDUN
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  MEXICO CITY, MX 01810 MX	`		(Note: MA	rss of limited liability company: (Y BE POST OFFICE BOX) 01810 MX
	ALACO CITT, BACOLO MA				
	1/15/2025		L250000285	563	
3.	Date of filing/registration in Florida	4.	I	Document	number
5. (a)	NAVA SHIMADA, RICARDO				
J. (u)	Registered Agent and Registered Office shown on the records of	The Floric	a Dept. of State	:	
	1700 SW 14TH AVE				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>		M25 (EB -3 PH 3: 30
	MIAMI FI	33145			PH 3
(b)	Registered Agent Solutions, Inc.				30
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	<u>ldress</u> :		
	2894 Remington Green Ln.				
	NEW Registered Office Address:				
	Ste. A				
	Tallahassee, FI	32308			
change agent w was/we	imited liability company is not organized under the lator changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability co of the lin limited	ed office and empany, it is nited liability	the busine hereby concompany pany.	ess office of the registered nfirmed that the change(s)
/s/ Simul	Ricardo Nava Shimada ure of a member or authorized representative of a member				med name of signee
I herel provision the obli to mere notified	by accept the appointment as registered agent and aground one of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. It is writing of this change.  Mackenzie Hibler, Asst, Secretary	perform d for in ( hereby c	t in this capac ance of my d	city. I furt uties and	her agree to comply with the Lam lamiliar with and accept

Signature of Registered Agent