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(Re	equestor's Name)	······································			
(inquiring)					
(Ad	ldress)				
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(Vogress)					
	ty/State/Zip/Phone	- #\			
. (C):	ly/State/Zip/Pfioni	5 #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Do	ocument Number)				
Certified Copies	_ Certificates	s of Status			
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Special Instructions to Filing Officer:					
Special instructions to Filing Officer.					





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TALLAHASSEE, FLORUE

MAR 1 6 2016 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: 13of7 LLC			
	ne of Limite	d Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	fice Change	and fee(s) are submitted for filing.	
Please return all correspondence concerning th	nis matter to	the following:	
Lionel Lagasse			
Name of Person			
13of7 LLC			
Firm/Company			
2015 S Tuttle Ave Ste A			16
Address	•		KAR I
Sarasota/FL 34239-4151			16 KAR 15 PM 12: L.5
. City/State and Zip Code			H 12:
13of7LLC@gmail.com			5
E-mail address: (to be used for future and	nual report r	notification)	
For further information concerning this matter.	, please call	:	
Lionel Lagasse	775	4130775	
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	g amount:		
☐ \$25 Filing Fee	S55 Filing Fee & Certified Copy		

INHS18 (2/14)

To whom it my concern,

I filed 2 times for my LLC. I mailed the application (money order 130\$) on Febuary 25 and called March 7 and had no update. Assuming it was lost in the mail I applied online (credit card 160\$) on March 8. Two days later I had seen that the money order had been received and my LLC was active. I called 8502456052 and explained the situation and was informed I should contact the Dept in writing.

Enclosed is a copy of the rejected document email and a receipt for the money order. There is also a money order for 55\$ for filing fee for change of registered agent and certified copy.

Please mail refund to

Lionel Lagasse/13of7 LLC

2015 S Tuttle Ave Ste A

Sarasota/FL 34239-4151

Thank you

Lionel Lagasse

13of7 LLC (document L16000046971)

Lionel Lagasse (MGR)

2015 S Tuttle Ave Ste A

Sarasota/FL 34239-4151

16 MAR 15 PH 12: 1

LAHASSEE FLORI

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	lame of the limited liability company: 13of7 LLC		
2. (a)		(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2015 S Tuttle Ave Ste A	201	5 S Tuttle Ave Ste A
	Sarasota/FL 34239-4151	Sara	asota/FL 34239-4151
	2.29.2016	L160	00046971
3.	Date of filing/registration in Florida	4.	Document number
5. (a			
J. (a	Registered Agent and Registered Office shown on the records of Lionel Lagasse	f the Florida Dept. o	of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	6 H
,	2015 S Tuttle Ave #1418		HAR 15
	Sarasota	L34230	S SYLED
		L	PH 12: 45
(b)			
	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	٠
	Lionel Lagasse		
	NEW Registered Office Address:		
	2015 S Tuttle Ave Ste A		
	.:		
	Sarasota	_L 34239-4151	
the ch agent was/w	limited liability company is not organized under the la lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registered liability compan of the limited li e limited liabilit	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
	XIME	Lionel La	
I here	dure of a nember of authorized representative of a member eby accept the appointment as registered agent and ag	gree to act in thi	Printed or typed name of signee s capacity. I further agree to comply with the
provis the ob to mei	sions of all slatutes relative to the proper and complete digations of my position as registered agent as provid- rely reflect a change in the registered office address, I ad in writing of this change.	e performance of ed for in Chapte hereby confirm	of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been
Signat	ure of Registered Agent		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00