

L18000217224

(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



600374757816

RA & RO change

10/12/21--01046--012 \*\*25.00

SECRETARY OF STATE  
-01 MASS. SEC. FID. 000

2021 OCT 12 AM 8:51

FILED

OCT 2 2021  
A RAMSEY

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lentrecoteusa LLC

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:

RONALD SZKOLNIK

Name of Person

Lentrecoteusa LLC

Firm/Company

18146 COLLINS AVE

Address

SUNNY ISLES BEACH FL 33160

City/State and Zip Code

RONALD@LENTRECOTEUSA.COM

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

For further information concerning this matter, please call:

RONALD SZKOLNIK

Name of Person

at ( 786 ) 3036256

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.

1. Name of the limited liability company: Lentrecoteusa LLC

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 18146 Collins Ave Sunny Isles Beach FL (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 7901 4th St N STE 300 St. Petersburg FL 33702

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

5. (a) ROCKET LAWYER CORPORATE SERVICES LLC Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 155 OFFICE PLAZA DRIVE, 1ST FLOOR Registered Office Address (MUST BE FLORIDA STREET ADDRESS) TALLAHASSEE, FL 32301

FILED 2021 OCT 12 AM 8:51 SECRETARY OF STATE TALLAHASSEE, FL

(b) Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address: 7901 4th St N NEW Registered Office Address: STE 300 St. Petersburg, FL 33702

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.

Signature of a member or authorized representative of a member RONALD SZKOLNIK Printed or typed name of signer

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 Bill Havre - Assistant Secretary