L 2 00000 61395

Requestor's Name)	
Address)	
Address)	
City/State/Zip/Phon	e #)
☐ WAIT	MAIL
Business Entity Nar	me)
Document Number)	
Certificates	s of Status
to Filing Officer:	
	Address) Address) City/State/Zip/Phon WAIT Business Entity Nar Document Number) Certificate:

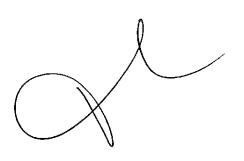
Office Use Only



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2023 APR 10 AM 10: 06



COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: LIONPRO LLC				
	Name of Limited	Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Reg	gistered Office Change an	d fee(s) are submitted for filing.		
Please return all correspondence co	ncerning this matter to th	e following:		
ANGEL A GOMEZ VALENCIA				
Name of Po	erson			
LIONPRO LLC				
Firm/Comp	pany			
150 N E 15TH AVENUE APT 342			20	>
Address			2023 APK TO ATTIO OF)) = =================================
FORT LAUDERDALE, FL 33301				5
City/State and	Zip Code		ATO AT	
ALEX@MULTUAIROS.COM		•		
E-mail address: (to be used fo	or future annual report not	ification)	7.5.	D D
For further information concerning	this matter, please call:			
ANGEL A GOMEZ VALENCIA	954 at (867-8897		
Name of Person		Area Code & Daytime Telephone Nun	ıber	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for th	e following amount:			
■ \$25 Filing Fee	ū	\$55 Filing Fee & Certified Copy		

INHS18 (2/14)

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.

	No	me of the limited liability company:				_
1.		150 N E 15TH AVENUE APT 342	(b) 150 N E 15TH AVENUE APT 342			_
2. (a)		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		02/24/2020	L200000	D61395 Document number		
3.		Date of filing/registration in Florida		Procument many		
5.	(a)	PRODEZK INC Registered Agent and Registered Office shown on the records of t	the Florida Dept. of	State:		
		848 BRICKELL AVE STE 950				
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		2023 A	52
		MIAMI, FL	33131		2023 APR IO AM TIĀLI ALĀSĒL	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered ANGEL A GOMEZ VALENCIA	Office address:		AM IO: 06	
		NEW Registered Office Address:	<u> </u>			
		150 N E 15TH AVE APT 342				
		FORT LAUDERDALE, FL	33301			
c'a a w ti	hang gent /as/v ne ar	limited liability company is not organized under the lar e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of the organization or the operating agreement of the number of member of a memb	ability company of the limited lia limited liability ANGEL A	t it is hereby confirmed the bility company or as other company. GOMEZ VALENCIA Printed or typed name of the printed or typed name of ty	nat the change(s) erwise provided in of signee	 -
- (´ (eby accept the appointment as registered agent and agissions of all statutes relative to the proper and complete bligations of my position as registered agent as provide of the change in the registered office address, I led in criting of this change.	: perjormance of ed for in Chapte hereby confirm	this doc that the limited liability c	ument is being file ompany has been	éd