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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC
Account Number : I20160000067
Phone : (407)370-3686
Fax Number : (407)370-3120

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: consulting@larsonacc.com

S TALLENT
MAY 10 2018

REGISTERED AGENT CHANGE
LA LUCCI CORP

RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LA LUCCI CORP
Name of Corporation

DOCUMENT NUMBER: P17000098780

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:

CAROLINE LARSON

Name of Contact Person

LARSON ACCOUNTING GROUP

Firm/Company

7901 KINGSPONTE PKWY STE 17

Address

ORLANDO, FL 32819

City/State and Zip Code

consulting@larsonacc.com ✓

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

For further information concerning this matter, please call:

LUCIANA BARRA

Name of Contact Person

at (407) 655-9040

Area Code & Daytime Telephone Number

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

From Larson Accounting 1.321.888.4919 Wed May 9 07:33:20 2018 MDT Page 3 of 3
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LA LUCCI CORP
2. The principal office address: 8782 CRESCENDO AVE
WINDERMERE, FL 34786
3. The mailing address (if different): 8782 CRESCENDO AVE
WINDERMERE, FL 34786
4. Date of incorporation/qualification: 12/14/2017 Document number: P17000098780
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)

BARRA, LUCIANA C

8782 CRESCENDO AVE

WINDERMERE, FL 34786

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LARSON ACCOUNTING AND CONSULTING SERVICES LLC


7901 KINGSPONTE PKWY STE 17

P.O. Box NOT acceptable

ORLANDO, FL 32819

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.

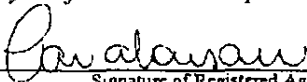


Signature of an officer or director

LUCIANA C. BARRA / PS

Printed or typed name and title

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

05/08/2018

Date

If signing on behalf of an entity:

CAROLINE LARSON, AMB

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 (03/12)

18 MAY -9 AM 9:18

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