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(((H18000145080 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: LARSON ACCOUNTING AND CONSULTING SERVICES LLC Account Name

Account Number : I20160000067 Phone : (407)370-3686

Fax Number

: (407)370-3120

S TALLENT

Enter the email address for this business entity to be used for future MAY 10 2018 annual report mailings. Enter only one email address please.

Email Address: Consultura @

REGISTERED AGENT CHANGE

LA LUCCI CORP

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COVER LETTER

TO: Amendment Section Division of Corporations

A LUCCI CORP

Name of Corporation

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 KINGSPOINTE 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

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of FLORIDA
	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of th	ne corporation: LA LUCCI CORP
2. The principal of	office address: 8782 CRESCENDO AVE
	MERE, FL 34786
3. The mailing ad	address (if different): 8782 CRESCENDO AVE RMERE, FL 34786
	poration/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 truent of State: (If resigned, enter resigned)
_	BARRA, LUCIANA C
<u>.</u>	8782 CRESCENDO AVE
	WINDERMERE, FL 34786
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
<u> </u>	LARSON ACCOUNTING AND CONSULTING SERVICES LLC
•	7901 KINGSPOINTE PKWY STE 17
-	P.O. Box NOT acceptable
	ORLANDO, FL 32819
The street address as changed will be	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so c board, or the corporation has been notified in writing of the change.
Toma	LUCIANA C. BARRA / PS e of an officer or director Printed or typed name and title
I hereby accept to I further agree to performance of nagent. Or, if this	the appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered so document is being filed merely to reflect a change in the registered office address, I what the corporation has been notified in writing of this change.
Signa	05/08/2018 ature of Registered Agent Date
If signing on beh	nalf of an entity:
CAROLINE LAR	ped or Printed Name

* * * FILING FEE: \$35.00 * * *