

P17000042410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

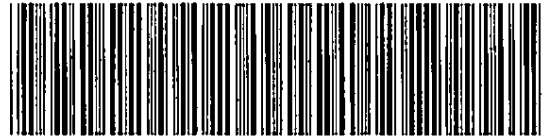
(Business Entity Name)

(Document Number)

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I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **LOLA SYSTEMS, INC.**

Name of Corporation

DOCUMENT NUMBER: **P17000042410**

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:

NIKOLA STANOJEVIC

Name of Contact Person

LOLA SYSTEMS, INC.

Firm/Company

255 W 24TH STREET, APT#236

Address

MIAMI BEACH, FL 33140

City/State and Zip Code

INFO@ELI.TAX

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

For further information concerning this matter, please call:

NIKOLA STANOJEVIC

Name of Contact Person

at (**305**) **504-9699**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 3, 2018

NIKOLA STANOJEVIC
LOLA SYSTEMS, INC.
255 W. 24TH STREET - APT. 236
MIAMI BEACH, FL 33140

SUBJECT: LOLA SYSTEMS, INC.
Ref. Number: P17000042410

We have received your document for LOLA SYSTEMS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Presently it is unclear as the changes you wish to make on the form submitted. All the information appear to be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 718A00009171

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: LOLA SYSTEMS, INC.
2. The principal office address: 255 W 24TH STREET, APT#236
MIAMI BEACH, FL 33140
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/10/2017 Document number: P17000042410
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)

NIKOLA STANOJEVIC133 NE 2ND AVE, APT#1615MIAMI, FL 33132

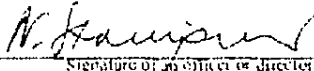
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NIKOLA STANOJEVIC255 W 24TH STREET, APT#236P.O. Box NOT acceptableMIAMI BEACH, FL 33140

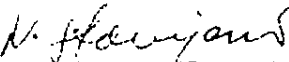
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 officer or directorNIKOLA STANOJEVICPrinted 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 Agent05/24/2018Date

If signing on behalf of an entity:

NIKOLA STANOJEVICTyped 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)