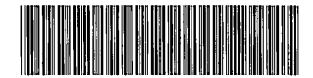
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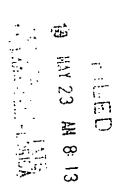
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## COVER LETTER

TO:	Registration Section Division of Corporations	*			
SUBJE	Redlands Lasarte, LLC				
0.00	<del></del>	e of Limited Li	ability Company		
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning thi	s matter to the	following:		
Felix	M. Lasarte				
	Name of Person		<del>_</del>		
Redla	ands Lasarte, LLC				
	Firm/Company		_		
3250	N.E. 1st Avenue, Suite 334				
	Address				
Miam	ni, FL 33137				
	City/State and Zip Code				
felix@	@lasartelaw.com				
F	-mail address: (to be used for future ann	ual report notif	cation)		
For fur	rther information concerning this matter,	please call:			
Felix	M. Lasarte	305	594-2877		
-	Name of Person		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	□ \$5	5 Filing Fee & Certified Copy		
INHST	8 (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.

1. N	ame of the limited liability company: Redlands Las	sarte, l	_LC	
2. (a)			b)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		3	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3250 N.E. 1st Avenue, Suite 334		3250 N.	E. 1st Avenue, Suite 334
	Miami, FL 33137	_	Miami, F	FL 33137
	11/25/2013		L1300010	35043
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Corporate Creations Network, INC.			
5. (a)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State	- ::
	Registered Office Address (MUST BE FLORIDA STREET)	4 <i>DDRE</i>	<u></u>	-
	11380 Prosperity Farms Road, Suite 221E			_
	Palm Beach, FI	3341	)	
(b)	Felix M. Lasarte  Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	WAY 23
	NEW Registered Office Address:			<b></b>
	3250 N.E. 1st Avenue, Suite 334	_		<u>.</u>
	Miami . Fl.	3313	57	$\frac{1}{2}$ $\omega$
the ch agent was/w	limited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of organization or the operating agreement of the	ws of the the the ability of the li	gistered office company, it i mited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	Herrill	Fe	elix M. Lasa	
•	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to mer	eby accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. It is writing of this change	perfori d for in	nance of my Chapter 602	duties, and I am familiar with and accept 5. F.SOr, if this document is being filed
Signat	ure of Registered Agent		_	