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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Lumisa L Name of	LC
Name of	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Sarah Denis E Name of Person	59.
Almazan Law Firm/Company	
7901 Lydlam Rd Address	# 100
Miami FL 32 City/State and Zip Code	3143
E-mail address: (to be used for future annual re	gnail. com port notification)
For further information concerning this matter, pleas	e call:
Sarah Denis Esq. at Name of Person	(786) 200 - 1813 Area Code & Daytime Telephone Number
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 the following amo	unt:
☑ \$25 Filing Fee	\$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.

	•		_			
l. Na	me of the limited liability company: $\underline{\mathcal{L}_{\mathcal{L}}}$	imisa_	LLC_			
2. (a)	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	npany:	•	NW 3 address of limited lies: MAY BE POST O	ability comp	any:
	Virginia Garden FL 33	166	Virginia	Gardin,	FL:	33166
	O 6 / 2 4 / 2 0 0 5 Date of filing/registration in Florida		L050	000063	062	
3.	Date of filing/registration in Florida	4.	Docu	iment number		
5. (a)	Arista Law & Tax					
	Registered Agent and Registered Office shown on the	records of the Flori	ida Dept. of State:			
	Registered Office Address MUST BE FLORIDA.		<u>(SS)</u>			
-	STE 1700				20:	
	Miami	FI3	3131	2	2021 JAN	-37T
(b)	Sarah Denis Es Enter name of <u>NEW Registered Agent</u> and/or <u>NEW I</u>	Registered Office	address:	(1956) 401. 	-5 PHI2:	Child Child
	Almazan Law					
	NEW Registered Office Address:	_				
	790/ Ludlam R.	1 # 10	<u>ာ ပဲ</u>			
	Miami	FL <u>.</u> 5	3143			
change agent v was/wo the arti	imited liability company is not organized undo or changes are made, the Florida street addre vill be identical. Or, in the case of a Florida li are authorized by an affirmative vote of the me cles of organization or the operating agreeme	ess of the registe imited liability (embers of the li nt of the limited	ered office and the loompany, it is here imited liability comany. I liability company	business office of by confirmed that pany or as othery	the registe t the chang	ered ge(s)
Signal	Magn Herris Are of a member or authorized representative of a member	ber	Mila	gros De ed or typed name of s	NIT ignee	
provisi the obl to merc	by accept the appointment as registered agent ons of all statutes relative to the proper and c igations of my position as registered agent as If reflect a change in the registered office ad I'm writing of this change.	and agree to a complete perform provided for indress, I hereby	ect in this capacity, mance of my duties a Chapter 605, F.S. confirm that the lin	I further agree to , and I am familia Or, if this docum nited liability con	eomply w ir with and rent is bein rpany has	vith the l accept ng filed been
Signatu	re of Registered Agent					

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00