427/28

(Requestor's Name)							
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(C) 10 to 7 to 10 to 10							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
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(Document Number)							
(Socialite in Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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APR 1 7 2020 S. YOUNG



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: April 1, 2020

Order#: 246398/005

Re: LAL INVESTMENT CORP.

Enclosed please find:

 \underline{XX} Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.
XX Return Regular Mail in the enclosed envelope.

Attn:Erika Zavala Daza

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 60 nge is submitted for a co	rporation organized:	under the laws o	of the State of	· FL	s 	
in orde.	r to change its registered	l office or registered o	agent, or both, it	n the State of	Florida.		
1. The name of t	he corporation: LAL IN\	ESTMENT CORP.					
2. The principal	office address: 34-09 QL	EENS BOULEVARD), LONG ISLAN	D CITY, NY	11101		
	ddress (if different):						
4. Date of incorp	oration/qualification: 06	W01/1973	Document num	ber: 42712	3		
The name and Florida Depar	street address of the cur tment of State: (If resign	rent registered agent : ed, enter resigned)	and registered o	ffice on file v	vith the		
	WADHWANI, KANAYO	o				20	
	50 W. MASHTA DR. UNIT 1-A					2020 APR	•
	KEY BISCAYNE, FL 3	3149			7.55 7.55 7.55 7.55	<u>.</u>	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered of				ffice: gran	8 AM 7: 1	
	Corporation Service Co	ompany				_	
	1201 Hays Street			1			
		P.O. Box NOT	acceptable		_		
	Tallahassee		FL 3:	2301	<u> </u>		
	ss of its registered office be identical.					l agent,	
authorized by the	s authorized by resolution of the corporation						
Storedor	of an officer or director	L.eo	nard Braun, Au				
I hereby accept a I further agree to of my duties, and document is bein corporation has	the appointment as reginal to comply with the provider of a large provider of the complete of	accept the obligation of the change in the real		typed name and capacity. roper and coi n as register daress, I here		rmance , if this hat the	
3y: Drac	ie Cokubile		3/:	30/20			
Sign	ature of Registered Agen).	-		Date			
If signing on bel	nalf of an entity:						
	Asst. Vice President						
Ту	ped or Printed Name						
	w si	* FILING FEE: \$3	35.00 * * *				
	MAKE CHECKS D.	AVARIE TO FLORIDA	Department	Or Strate			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAII. TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL
32314
CR2E045 (04/13)