3900000220

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 977-256 7524948
AUTHORIZATION: Spelle man
COST LIMIT : \$ 35.00
ORDER DATE : August 26, 2021
ORDER TIME: 4:36 PM
ORDER NO. : 977256-147
CUSTOMER NO: 7524948
CHANGE OF AGENT NAME: LNV CORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Eyliena Baker
EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617 unge is submitted for a corporation o er to change its registered office or re	rganized under the laws of the	State of NV	-
1. The name of t	the corporation: LNV CORPORATIO	N		
2. The principal				_
3. The mailing a	ddress (if different):			_
4. Date of incorp	poration/qualification: 05/29/2009	Document number:	F09000002207	
	d street address of the current register thent of State: (If resigned, enter res		on file with the	
	C T CORPORATION SYSTEM		2021 SEC	
	1200 SOUTH PINE ISLAND ROA	D	2021 AUG 3 SECRETAI	
	PLANTATION, FL 33324		84 - Y	
6. The name and (if changed):	street address of the new registered Corporation Service Company	agent (if changed) and /or regi	stered office of 55	
	· · · · · ·			
	1201 Hays Street	O. Box NOT acceptable		
	Tallahassee	FL 32301		
The street addre	ess of its registered office and the st be identical.	reet address of the business of	flice of its registered ager	nt,
Such change wa authorized by th	as authorized by resolution duly add ne board, or the corporation has bee	opted by its board of directors n notified in writing of the ch	or by an officer so ange.	
χ	el E. agnie	Jill Cilmi, Vice President	t	
I hereby accept I further agree to of my duties, an document is beil corporation has	the appointment as registered agen to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change is been notified in writing of this change is	statutes relative to the proper obligation of my position as i in the registered office addres	acity. Cond complete performan	- nce his he
Byllo	C. C. XVD1	08/27/2021		
_	half of an entity:	Date	:	-
Grace E. Kirby,	Asst. Vice President			
13	y see or a consequent			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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