L000000 13361

Mr. Juan Garcia 14252 NW 18th Mnr. Pmbk Pines, FL 33028-2817		
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SECALIST OF STATES

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

agent, or both, in the state of Fioriaa.	•
1. The name of the limited liability company is:	LAX INTERNATIONAL LLC
2. The mailing address of the limited liability company is	: 14252 NW 18th MANOR
Perus	whe Pines, Fi 33028
11/01/2000	L00000013361
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered office Florida Department of State: JUAN GAME Name 3633 SW 30 /	24
Address City, State and	2 333/2
6. The name and address of the new registered agent and/o	r office: ਤੋਂ
JUAN GALCIA 14252 NW 18774 Florida street address (P.O. Bo PENSIONE PLACES, City, State and Z	x NOT acceptable) A 330 28
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company. (Signature of member or authorized representative of a member)	laws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of se provided in the articles of organization or
JUAN GALCIA (Printed or typed name of signee)	_ ·-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.
(Signature of Pogestered Agent)	A section of the section of
Division of Cornerations, P.O. Box 63	27 Tallahassee FI. 32314

FILING FEE: \$25.00

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