

L020000027992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF REGISTRATION

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STATE OF FLORIDA

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VALIDATION ONLY

Requestor's Name
Wardie A. Zuoca
Address
8900 SW 107th AVE #205
Miami, FL 33176
City State ZIP Phone
(305) 598-2786

CORPORATION(S) NAME

Lion LLC

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input checked="" type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input checked="" type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Out |

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**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.

1. The name of the limited liability company is: LION, LLC
2. The mailing address of the limited liability company is: 581 SW 42nd Avenue, Suite #116
Miami, Florida 33134

October 22, 2002

3. Date of filing/registration in Florida

LD2000027992

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Jose Daccarett

Name

531 SW 42nd Avenue, Suite #116

Address

Miami, Florida 33134

City, State and Zip

6. The name and address of the new registered agent and/or office:

Angel R. Oliva

Name

531 SW 42nd Avenue, Suite #116

Florida street address (P.O. Box NOT acceptable)

Miami

FL

33134

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

Laura Char

(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Angel R. Oliva
(Signature of Registered Agent)

Angel R. Oliva

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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02 NOV -6 PM 2:25
CLERK OF STATE
TALLAHASSEE FLORIDA