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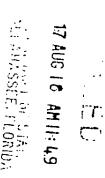
(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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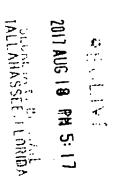


FLORIDA DEPARTMENT OF STATE Division of Corporations

August 9, 2017

LANCE E STEHMAN 158 E CARIBBEAN SUMMERLAND KEY, FL 33042

SUBJECT: LAN-EARL, LLC Ref. Number: L04000045308



We have received your document for LAN-EARL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 017A00016274

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.

1.	Na	me of the limited liability company: LAN-EARL, LI	_C 				
2. ((a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 158 E. Caribbean Summerland Key, FL 33042	_ (b)	158 E. C	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Caribbean Hand Key, FL 33042		
3.	(a)	June 16, 2004 Date of filing/registration in Florida	. 4.	L04000045308			
5.		Lance Stehman Registered Agent and Registered Office shown on the records of the state of the s					
,	(b)	Summerland Key, FL_ Lance E. Stehman Enter name of NEW Registered Agent and/or NEW Registered of 158 E. Caribbean NEW Registered Office Address:		lress:	17 AUG HO AM II: 49		
the	cha	Summerland Key FL mited liability company is not organized under the law nge or changes are made, the Florida street address of	the regis	stered office	orida, it is hereby confirmed that after and the business office of the registered		
the S I he prothe to i	arti arti ignat erel visit obli nero	will be identical. Or, in the case of a Florida limited lia tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the large of a member or authorized representative of a member by accept the appointment as registered agent and agreeins of all statutes relative to the proper and complete points of my position as registered agent as provided by reflect a change in the registered office address, I have the proper and complete points of my position as registered office address, I have the proper and complete points of this change.	f the lim limited li	ited liability iability com	Printed or typed name of signee		

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

Signature of Registered Agent