## LO400009100

Lesforta, UC CAAS S Choekasaw Trail#312 Orlando, FC 3 2829			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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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. Na	me of the limited liability company:	ria, LC	
2. <u>(a)</u>	Principal office address of limited liability company:		
-124-	(Note: MUST BE STREET ADDRESS)	5541 Florence Harbor DR	
(b)	Mailing address of limited liability company:	Or)ando, FL 32829	
-121-	(Note: MAY BE POST OFFICE BOX)	64813Chren	
	•	SAME AS ALOUVE	
3. Dat	e of filing/registration in Florida	4. Document number	
5. (a)	Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
	Registered Agent:	·	
	Registered Office Address:		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :  NEW Registered Office Address:	W Registered Office address:  Raphael Barreto  5541 Florence Harbor DR	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	ORLANDO ,FL 32829	
confirmand the liability of the or the or the Printed I here compland I chapted daddress	imited liability company is not organized under the med that after the change or changes are made, the Fe business office of the registered agent will be idently company, it is hereby confirmed that the change(smembers of the limited liability company or as other operating agreement of the limited liability company of a member of a member of a member of the limited liability company with the provisions of all statutes relative to the provisions of all statutes relative to the provision of the limited liability company of the limited liability company of the limited liability company of Registered Agent	Torida street address of the registered office tical. Or, in the case of a Florida limited ) was/were authorized by an affirmative vote rwise provided in the articles of organization of the street o	
	Division of Cornorations, P.O. Box 63	327. Tallahassee, FL 32314	

**FILING FEE: \$25.00** 

INHS18 (05/08)