L04000091713

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T. BROWN

COVER LETTER

TO: Registration Section Division of Corporations

SURJECT. Lisa Flowers LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elizabeth R. Flowers

Name of Person

Lisa Flowers LLC

Firm/Company

2213 Cricket Ridge Drive

Address

Cantonment, FL 32533

City/State and Zip Code

LisaFlowersRealtor@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth R. Flowers

at (BDU

293-1818

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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. Name of the limited liability company: Lisa Flower	rs, L.L.C.
2. (a) Principal office address of limited liability (<i>Note: MUST BE STREET ADDRESS</i>)	company: 2213 Cricket Ridge Drive Cantonment, FL 32533
(b) Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX)	<u> </u>
12/17/2004	L04000091713
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sh	own on the records of the Florida Dept. State:
Registered Agent:	Lozier, Daniel R
Registered Office Address:	24 West Chase Street Pensacola, FL 32502
(b) Enter name of <u>NEW Registered Agent</u> and/o <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Elizabeth R. Flowers 2213 Cricket Ridge Drive
MOSI BE PEURIDA STREET ADDRE	Cantonment ,FL 32533
and the business office of the registered agent will	de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote of otherwise provided in the articles of organization or
Elizabeth R. Flowers Printed or typed name of signee I hereby accept the appointment as registered age comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fit address, I hereby confirm that the limited liability	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.

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