## L050000076515

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	·
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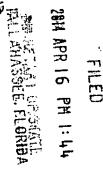
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4/13/14

## STATEMENT OF CHANGE OF RECEIVED OF REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.014or 605.014 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.

8 , , ,	
1. Name of the limited liability company	MONT-LOST LLC
2 (a) Principal office address of limited	liability company: 40 GREENTREE GAADENS
(Note: MUST BE STREET AD	DRESS) 4113 HEADSESON BLUE
	TAMER FL 33629
	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
(b) Mailing address of limited liability	company: % GAFESTAGE GAZORIS 3
(Note: MAY BE POST OFFICE	BOX) 4113 HENDERSEN BANDE
	TAMPA FL 33629 TO
	German De la Contraction de la
APRIL 4, 2014	
3. Date of filing/registration in Florida	4. Document number
	E CO
5. (a) Registered Agent and Registered	Office shown on the records of the Florida Deats of State:
Registered Agent:	CFRA LLC
Registered Agent.	_U/AF_UKO
Registered Office Address:	100 S. ASHLEY DR.
,	Sur = 400
	TAMEA, FL 33602
(b) Enter name of <b>NEW Registered</b>	Agent and/or NEW Registered Office address:
NEW Registered Agent:	ANGELO C. MONTANARA
NEW Registered Office Address:	4113 NENDERSON BLYD
MUST BE FLORIDA STREET	
	TAMEA ,FL 33129
If the limited liability company is not org	anized under the laws of the State of Florida, it is hereby
and the business office of the registered a	s are made, the Florida street address of the registered office
liability company, it is hereby confirmed	that the change(s) was/were authorized by an affirmative vote of
the members of the limited liability comp	gent will be identical. Or, in the case of a Florida limited that the change(s) was/were authorized by an affirmative vote of any or as otherwise provided in the articles of organization or
the operating agreement of the limited lia	bility company.
M. L. Classes	100 to 10
Signature of a member or authorized representative of	a member
	. 1101-000
ANGKLO P. MONTANARO	
Printed or typed name of signee	
I hereby accept the appointment as regis	tered agent and agree to act in this canacity. I further agree to
comply with the provisions of all statules	relative to the proper and complete performance of my duties,
and I am jamiliar with and accept the ob- Chapter 608 F.S. Or if this document is	ligations of my position as registered agent as provided for in Sheing filed to merely reflect a change in the registered office
address I hereby confirm that the limited	tered agent and agree to act in this capacity. I further agree to relative to the proper and complete performance of my duties, ligations of my position as registered agent as provided for in being filed to merely reflect a change in the registered office liability company has been notified in writing of this change.
Mak Malango	
Signature of Registered Agent	
Division of Corporati	ions, P.O. Box 6327, Tallahassee, FL 32314
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**FILING FEE: \$25.00**