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(Re	questor's Name)	
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	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

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COVER LETTER

Registration Section

INHS18 (8/05)

Division of Corporations			
SUBJECT: LANDER GROUP, LLC			
(Name of L	imited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
Oscar E. Sanchez	,		
(Name of Person)	<u> </u>		
	O7 JUN 21 AM 9: 43 SECRETARY OF STATE FALLAHASSEE. FLORID		
Oscar E. Sanchez, P.A. (Firm/Company)	ARE N 2		
(Titti/Company)	SSEPY —		
701 Brickell Key Blvd CU-1			
(Address)	——————————————————————————————————————		
	P _M ω		
Miami, Florida 33131			
(City/State and Zip Code)			
For further information concerning this matter	er, please call:		
Oscar E. Sanchez	at (305) 416-0060		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301	,		
Enclosed is a check for the following	ng 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. The name of the limit	ed liability comp	pany is: LANDER GROUP, LLC	<u>></u>	·	
2. The mailing address of	of the limited lial	bility company is: 7255 SW	126TH. STREET, M	ΜΙΑΜΙ,	
FLORIDA 33156					
03/09/2006		L060000	025087		
3. Date of filing/registration in Florida		4. Docu	4. Document number		
5. The name of the regist Florida Department of	tered agent and t State:	he registered office address a	as shown on the re	ecords of the	
	OSCAR E S				
	704 BBIOKEI	Name			
	701 BRICKEL	L AVENUE CU-1 Address		ESS J	
MIAMI, FLORIDA 33131			豆豆 豆		
		City, State and Zip		121 1	
6. The name and address	of the new regis	stered agent and/or office:		FILED O7 JUN 21 AM 9: 43 SECRETARY OF STATE FALLAHASSEE FLORID	
	OSCAR E SA	NCHEZ		STA STA	
		Name	· ·	南田 い	
		L KEY BLVD CU-1			
	Florida street	address (P.O. Box NOT acc	eptable)		
	MIAMI	FL 33131		_	
		City, State and Zip			
confirmed that after the and the business office of liability company, it is hof the members of the lior the operating agreement.	change or chang of the registered ereby confirmed mited liability ce ent of the limited		et address of the re n the case of a Flo authorized by an	egistered office orida limited affirmative vote	
(Signatur of a member or author)	orized representative (or a member)		_	
OSCAR E. SANCHEZ					
(Printed or typed name of signe	•			re a	
I hereby accept the app comply with the provision and I am familiar with a Chapter 108, F.S. Or, is address, Thereby confirm	ointment as regi ons of all statule; and accept the oil this docament i m that the limite	stered agent and agree to ac s relative to the proper and c oligations of my position as r s being filed to merely reflec d liability company has been	t in this capacity. complete performa egistered agent as it a change in the i notified in writin	I further agree to ince of my duties, is provided for in registered office g of this change.	
(Signature of Registered Agent					

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