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SECRETARY OF STATE
TALLANASSEE, FLORES
NOV 1920BA
S. YOUNG

COVER LETTER

Registration Section

TO:

INHS18 (2/14)

Division of Corporations			
Laura Kraut, LLC SUBJECT:			
	ne of Limited Li	ability Company	
Dear Sir or Madam:	•		
The enclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the	following:	
Lori J. Christman, Esq.			
Name of Person			
Lori J. Christman, LLC			
Firm/Company		_	TASE 5
2825 Shady Valley Drive			NOV 18 PN 12: 47 ORETARY OF STATE LANASSEE, TLORIDA
Address			1 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
Atlanta, GA 30324			E 98 2
City/State and Zip Code			0120 4.
lorichristman@yahoo.com			
E-mail address: (to be used for future ann	nual report notifi	ication)	
For further information concerning this matter	, please call:		
Lori J. Christman	404 at (5613119	
Name of Person		Area Code & Daytime Teleph	one Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Rep Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314	
Enclosed is a check for the following	g amount:		
■ \$25 Filing Fee	□ \$5	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 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.

l. '	Name of the limited liability company: Laura Kraut, LLC
2. (a	10°
	Welling In Fl 33414 Royal Polm Broch Fla 3342
3.	Date of filing/registration in Florida Louru Krauf Louru Krauf Louru Krauf
5. (Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1954 Stain Word Color Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
(1	
	Enter name of NEW Registered Agent and/or NEW Registered Office address: 2985 CESSING WAY NEW Registered Office Address: West Palm Beach Fly 33414
If th	, FL, FL, FL
the dager was/	change or changes are made, the Florida street address of the registered office and the business office of the registered at will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in articles of organization or the operating agreement of the limited liability company.
I he prov the c to m notig	enature of a hember or authorized representative of a member Printed or typed name of signee reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the risions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed erely reflected change in the registered office address, I hereby confirm that the limited liability company has been fied in writing of this change.
Sign	ature of Registered Agent