L07000079739

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
•	•	
(Cit	y/State/Zip/Phone #	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
•		
(Do	cument Number)	•
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300158672913

07/28/09--01009--014 **25.00



S. HAWKES
JUL 2: 9 2009
EXAMINER

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.

,	071	1
1. Nan	ne of the limited liability company:	LAGOON LLC
2. (a)	Principal office address of limited liability comp	DIANE NAPALITANO
	(Note: MUST BE STREET ADDRESS)	NAPLES Florid 9 34108
(b)	Mailing address of limited liability company:	Dione Napolitono
={ }	(Note: MAY BE POST OFFICE BOX)	Brooklyn New York 1/234
	8-02-2007	L07000079739
3. Date	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:	HRAWG Corp
	Registered Office Address:	1801 N. Mil; TARY TrAIL
		BOCA RATON FL 32431
(b)	Enter name of NEW Pagistared Agent and/or	
(0)	Enter name of MEW Registered Agent and/or	NEW Registered Office address:
(0)	NEW Registered Agent:	NEW Registered Office address: Diane Napalitona
(6)		
If the liconfirm and the liability of the contract of the cont	NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) imited liability company is not organized under the that after the change or changes are made, the business office of the registered agent will be in	the laws of the State of Florida, it is thereby the Florida street address of the registered office dentical. Or, in the case of a Florida limited the registered office dentical to the registered office dentical to the registered office dentical to the registered of the registered
If the liconfirm and the liability of the liconfirm or the confirm and I are comply and I are comply and I are confirm address	NEW Registered Office Address: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) imited liability company is not organized under med that after the change or changes are made, the business office of the registered agent will be it business office of the registered agent will be it business of the limited liability company or as of operating agreement of the limited liability company or as of a member or authorized representative of a member or typed name of signee	the laws of the State of Florida, it is thereby the Florida street address of the registered office dentical. Or, in the case of a Florida limited therewise provided in the articles of organization chany.

FILING FEE: \$25.00

INHS18 (05/08)