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(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Dutilion Line)		
(Document Number)		
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COVER LETTER

Division of Corporations		
suвjecт: <u>Lido Group, LLC</u>		
(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	g this matter to the following:	
Donald J. Apelian		
(Name of Person)		
Lido Group, LLC		
(Firm/Company)		
5120 Central Avenue	· 	
(Address)		
St. Petersburg, FL 33707		
(City/State and Zip Code)		
For further information concerning this ma	itter, please call:	
Donald J. Apelian	at (727) 608-7382	
(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 32301	Tallahassee, Florida 32314	
Enclosed is a check for the follow	ing 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: Lido Group	, LLC p		
2. (a) Principal office address of limited liability compan (<u>Note: MUST BE STREET ADDRESS</u>)	y: 5120 Central Avenue St. Petersburg, FL 33707		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5120 Central Avenue St. Petersburg, FL 33707		
40470007	တို့မြို့ ဟ		
12/17/2007 3. Date of filing/registration in Florida	4. Document number		
	T. Document number		
5. (a) Registered Agent and Registered Office shown on Registered Agent:	the records of the Florida Dept. of State		
Registered Agent:	Smallbiz Agents LLC		
Registered Office Address:	4244 W. Tennessee St. #185 Tallahassee, FL 32304		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:	Donald J. Apelian		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5120 Central Avenue		
	St. Petersburg,FL_33707		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized epresentative of a member)			
Donald J. Apelian (Printed or typed name of signee)			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the part familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified.	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I n as registered agent as provided for in Chapter 608, change in the registered office address, I hereby ed in writing of this change.		
(Signature of Registered Agent) Division of Corporations, P.O. Bo	x 6327. Tallahassee, FL 32314		

FILING FEE: \$25.00