7/24/2019



Division of Corporations Electronic Filing Cover Sheet

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LLC REGISTERED AGENT CHANGE LUMITEC, LLC

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Help

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.

I. N	ame of the limited liability company: $\frac{L}{L}$	UMITEC, LLC					_
2. (a)			(b)				-
	Principal office address of limited liabi (Note: MUST BE STREET AD)			Mailing address of limite (Note: MAY RE POS			
	1405 POINSETTIA DRIVE SUITE 10						_
	DELRAY BEACH, FL 33444	······································					-
	09/26/2007		L08000044	520			
3.	Date of filing/registration in F	lorida	4.	Document number			_
5 (0)	KUJAWA, JOHN A						
5. (a)	Registered Agent and Registered Office shown	on the records of the	: Florida Dept. of Sta	e;			
		ORIDA STREET AL		_			٠
	1119 Vista Del Mar Drive North attn: Lu			· -	G	~	
•	DELRAY BEACH	, FL_3	3483	-	Z A	919	
(b)	C T Corporation System				RETA	آ	ه . ده د ما
(0)	Enter name of NEW Revistered Agent and/or	NEW Registered O	ffice address:	-	TARY OF	24 1	1
	NEW Registered Office Address:			_	E S	. ₹	Ë
	1200 South Pine Island Road				<u>,775</u>	÷.	-
	1200 Soudi I inc Island Road			-	J.E	Š	
	Plantation	, FL	3324	· •			
the cha agent was/was/was/was/was/was/was/was/was/was/	imited liability company is not organize ange or changes are made, the Florida st will be identical. Or, in the case of a Flore authorized by an affirmative vote of icles of organization or the operating ag	ed under the laws treet address of the orida limited liab The members of preement of the li	of the State of Flace registered office of the company, it the limited liability comitted	e and the business of is hereby confirmed to ty company or as other inpany.	hat the cha erwise prov	nge(5)	.
	ture of a member or authorized representative of			Printed or typed name			
I here provise the oble to mer notified By: ()	by accept the appointment as registered ions of all statutes relative to the proper ligations of my position as registered agely reflect a change in the registered of d in writing of this change. CTComoration System Change that the change is the change are of Registered Agent Chantalle.		e to act in this cap erformance of my for in Chapter 60 reby confirm that tte, Assistant Se		e to comply illiar with a cument is be company ha	with the nd accep eing filed is been	

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

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