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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LOCH-O, LLC. Name of Limited Liability Company	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to the following:	
Maria Alma Francisca Margarita Cani Name of Person	tu Villarreal
LOCH-O, LLC. Firm/Company	
21192 Via Eden Address	
Boca Raton, Fl. 33433 City/State and Zip Code alexmontemanor@aol-com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Alex Monte mayor at (561) 441-6 Name of Person Area Code & Da	S 7 CO aytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRE Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 32301	ons
Enclosed is a check for the following amount:	
□ \$25 Filing Fee & Ce	ertified 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

	1 11 11
1. Nam	ne of the limited liability company: LocH-O, LLC
2. (a) <u></u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 2119 Via Eden Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
<u> </u>	Boxa Raton, Fl. 33433 Boxa Raton, Fl. 33433
	Date of filing/registration in Florida L09000108611 Document number
5. (a) _R	Montemayor, Montawo Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- F	2192 Via Faen Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
(b) _ E	Boca Raton ,FL 33433 Cynthia Montemayor inter name of NEW Registered Agent and/or NEW Registered Office address: Registered Agent and/or NEW Registered Office address:
<u>-</u>	NEW Registered Office Address:
-	
the chang agent wil was/were the articl	nited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ge or changes are made, the Florida street address of the registered office and the business office of the registered ll be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) e authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in less of organization or the operating agreement of the limited liability company. Morra Alwa Traucisca Variation of the Carto Villary Printed or typed name of signee
provision the oblig to merely	accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ins of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept sations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing office.
Signature	Division of Corporations P.O. Roy 6327a Tallahassaa Fl. 32314
	/ Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314

FILING FEE: \$25.00