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EXAMINER

COVER LETTER

SUBJECT: LANTTEE LLC 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 this matter to the following: Terassa Geach Name of Person Supreme Title Closings Firm/Company Address Melboure FL 32901 Gity/State and Zip Code
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Terassa Geach Name of Person Supreme Title Closings Firm/Company Address Melbowne FL 32901
Please return all correspondence concerning this matter to the following: Terassa Geach Name of Person Supreme Title Closings Firm/Company Address Melbowne FL 32901
Terassa Geach Name of Person Supreme Title Closings Firm/Company 2202 Shabcock #201 Address Melbourne FL 32901
Supreme Title Closings Firm/Company 2202 S Babcock #201 Address Melbourne FL 32901
For further information concerning this matter, please call: Terassa Geach at 3 725 0 15 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:
\$25 Filing Fee \$\int \\$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: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 100000 3. Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept, of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address **NEW** Registered Agent: **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) 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, wis hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited hability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. or authorized representative of a member Signature of a member @5\$a Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. On, if this document is being filed to merely reflect a change in the registered office address, I hereby don't find the limited liability company has been notified in writing of this change.

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

INHS18 (05/08)