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SECRETARY OF STATE ALLAHASSEE, FLORIDA

D. BRUCE
SEP 21 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
	LASSER INTERNATIONAL LLC Name of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Re	egistered Office Change and fee(s) are submitted for filing.		
Please return all correspondence co	oncerning this matter to the following:		
JOSE A. SAN			
LASSER INTERNAT	TONAL LLC		
10700 N.W. 66 ST Address	APT.307 APT.307 AAA 33178 Code		
DORAL, FLORID City/State and Zip C	A 33178 E. FLORIDA		
E-mail address: (to be used for future an	nual report notification)		
For further information concerning	g this matter, please call:		
JOSE A. SANCHEZ Name of Person	at (407) 535-6389 Area Code & Daytime Telephone Number		
STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following 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. Nar	ne of the limited liability company:LA	SSER INTERNATIONAL LLC
2. (a)	Principal office address of limited liability compar	ny: 14316 FREDRICKSBURG DR 510
	(Note: MUST BE STREET ADDRESS)	ORLANDO, FLORIDA 32837
(b)	Mailing address of limited liability company:	14316 FREDRICKSBURG DR 510
	(Note: MAY BE POST OFFICE BOX)	ORLANDO, FLORIDA 32837
	09/20/2010	L10000098072
3. Dat	e of filing/registration in Florida	4. Document number
5. (a)	Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
	Registered Agent:	JOSE A. SANCHEZ
	Registered Office Address:	14316 FREDRICKSBURG DR 510 ORLANDO, FLORIDA 32837
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address:
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	10700 N.W. 66 ST APT. 307 DORAL ,FL33178
confirmand the liability of the or the Confirmation or the Confirmation of the Confirm	imited liability company is not organized under the med that after the change or changes are made, the e business office of the registered agent will be ideay company, it is hereby confirmed that the change members of the limited liability company or as other operating agreement of the limited liability company. Company or authorized representative of a member of a member of the limited liability company or as other and the limited liability company or as other and the limited liability company or authorized representative of a member of the limited liability company or authorized representative of a member of the limited liability company or authorized representative of a member of the limited liability company or as other limited liability c	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization
	or typed name of signce	
I here comply and I a Chapte address	by accept the appointment as registered agent and with the provisions of all statutes relative to the pain familiar with and accept the obligations of my per 608, F.S. Or, if this document is being filed to make the confirm that the limited liability compa	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in serely reflect a change in the registered office my has been notified in writing of this change.
Signatur	of Registered Agent	

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