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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER'

TO: Registration Section Division of Corporations				
SUBJECT: LCCH ROW State Name of Li	mited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	er to the following:			
Leoty Roal Estale Group L	<u>-:</u>			
11437 Waterstone LCC4	<u>P</u>			
Windly Meno F 34 City/State and Zip Code	1786			
E-mail address: No be used for future annual repo) (CM ort notification)			
For further information concerning this matter, please	call:			
Name of Person at (813) 545 - 4431 Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Florida 32314			
Enclosed is a check for the following amount:				
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

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. Na	ime of the limited liability company: <u>LOHA ROW EST</u>	HE GOUPLL	
2. (a)	Many Leotte (b)	,	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limit (Note: MAY BE PO	
	\$ 5287 Alnumbra Dr	(internal beautiful beauti	<u>51 01716.1. 5025</u>
	•		
	Orlando, fr. 32808		
	214/204	10000 3240	5
3.	Date of filing/registration in Florida 4.	Document number	
5. (a)	Marileen Legite		
J. (4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of S	tate:	
	1863 Bridgewater Dr		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	Lake Mary FZ 32746		
	, J	ŋ :	हे जुड़ इ.स.
	17	-	
(b)	Muthleen Cotta	<u> </u>	1 29 AUM 50
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		29
	11437 Waterstone Loop Dr	= = = = = = = = = = = = = = = = = = = =	0 5
	NEW Registered Office Address:		. 2
		<u> </u>	۲.0
	1.00		:
	Windlimero FL 34/786	<u>0</u>	
If the I	imited liability company is not organized under the laws of the State of	Florida, it is hereby co	onfirmed that after
the cha agent v	inge or changes are made, the Florida street address of the registered off will be identical. Or, in the case of a Florida limited liability company, i	ice and the business of t is hereby confirmed	office of the registered that the change(s)
was/we	ere authorized by an affirmative vote of the members of the limited liability of organization or the operating agreement of the limited liability of	lity company or as of	herwise provided in
)			
Signa	ture of a member or authorized representative of a member	Printed or typed name	of signee
I herei provisi	by accept the appointment as registered agent and agree to act in this co ons of all statutes relative to the proper and complete performance of m	apacity. I further agr	ee to comply with the
the obl to merc	by accept the appointment as registered agent and agree to act in this co ons of all statutes relative to the proper and complete performance of m igations of my position as registered agent as provided for in Chapter 6 ely reflect a change in the registered office address. I hereby confirm the	05, F.S. Or, if this do at the limited liability	ocument is being filed company has been
notified	Tip Writing of this thange.		, ,
Signatu	re of Registered Agent		
	1.1		

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