L11000036654

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer: (NS. Mgrs add. to NOW PO BOX-					
Par Charyl					

Office Use Only



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07/20/17--01020--015 **25.00

DIVISION OF CONTORNATIONS

M. MILLIGAN AUG 03 2017.

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	ECT: Lake Ave 3305 LLC					
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offi	ice Change a	nd fee(s) are submitted for filing.			
Please	return all correspondence concerning the	is matter to the	he following:			
Chery	/l Collin					
	Name of Person		 i			
Lake Ave 3305 LLC			1			
	Firm/Company					
РО В	ox 3031					
	Address					
Palm	Beach, FL 33480		1			
	City/State and Zip Code					
misso	cheryl72@yahoo.com	1				
E-mail address: (to be used for future annual report notification)						
For fur	ther information concerning this matter,	please call:				
Chery	d Collin	561 at (429-8477			
	Name of Person		Area Code & Daytime Telephone Number			
	Registration Section R Division of Corporations E Clifton Building P		MAILING ADDRESS: 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			

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.

1. N	lame of the limited liability company: Lake Ave 33	05 LLC				
2. (a)		(b)				
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	327 Dyer Road	' PO Box 3031				
	West Palm Beach, FL 33405	Palm Beach, FL 3	3480			
	3/24/2011	L11000036654				
3.	Date of filing/registration in Florida	4. Document	number			
5. (a	Cheryl Collin - Mgr	:				
J. (")	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Jules Franco - Registered Agent					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRĖSS)	. 0			
	327 Dyer Road	ı	5E 1715			
	West Palm Beach	33405				
(b)	Enter name of NEW Registered Agent and/or NEW Registered NEW Registered Office Address:	d Office address:	AM 10: 45			
the chagent was/w the ar Sign I hero provise the obto me.	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the authorized representative of a member of authorized representative of a member elby accept the appointment as registered agent and ages in the proper and complete digitations of my position as registered agent as provided the proper of a change in the registered office address. It writing of this change.	f the registered office and the busiability company, it is hereby conformed the limited liability company is limited liability company. Cheryl Collin Printed or ty	isiness office of the registered infirmed that the change(s) or as otherwise provided in ped name of signee			
Signat	ure of Registered Agent	l				