## L11000143650

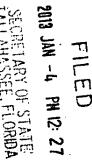
| (Requestor's Name)                      |  |  |
|---|--|--|
| (Address)                               |  |  |
| (Address)                               |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
| (Business Entity Name)                  |  |  |
| (Document Number)                       |  |  |
| Certified Copies Certificates of Status |  |  |
| Special Instructions to Filing Officer: |  |  |
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Office Use Only



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N. Culligum JAN - 7 2019



TO: Registration Section **Division of Corporations** 

SUBJECT: L&R bright Revource
Name of Limited Liability Company

Dear Sir or Madam:

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The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

L& R Parigut Resource 2500 NE 1921 d st # 8 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at ( 486 ) 216 3216 .

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 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.

| ageni, or both, in the State of Florida.  |  |  |
|---|--|--|
| 1. Name of the limited liability company: しまん ら   | rigut Retource, LLC  |  |
| 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  |  |  |
|   | Many - FL 33180  |  |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  | 2800 NE 192nd 8+ #8<br>Many - FC 33180   |  |
| December 23rd, 2011   | LM00014365頁 3  |  |
| · · · · · · · · · · · · · · · · · ·   | . Document number  |  |
| 5. (a) Registered Agent and Registered Office shown on the  | ne records of the Florida Dept. of State:  |  |
| Registered Agent:   | TH SUA ZO  |  |
| Registered Office Address:  | 13501 SW 1281831   |  |
|   | Miany - FL 33/86   |  |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :   |  |  |
| NEW Registered Agent:   |  |  |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)   | 16-12 Harrison st #3   |  |
|   | Hollywood ,FL \$3020   |  |
| 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, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. |  |  |
| Signature of a member or authorized representative of a member  |  |  |
| WaiA ROBUES   |  |  |
| Printed or typed name of signee   |  |  |
| I hereby accept the appointment as registered agent and ag<br>comply with the provisions of all statutes relative to the proj<br>and I am familiar with and accept the obligations of my pos.<br>Chapter 608) F.S. Or, if this document is being filed to mero<br>address, I hereby confirm that the limited liability company  | ree to act in this capacity. I further agree to<br>per and complete performance of my duties,<br>ition as registered agent as provided for in<br>ely reflect a change in the registered office<br>has been notified in writing of this change. |  |
| Signature of Registered Agent   |  |  |

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

INHS18 (05/08)