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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE, FLORID,



COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Divi	sion of Corporations				
SUBJECT:	LCM HOLDINGS, LLC				
~~~~	Name of Limited Liability Company				
Dear Sir or M	Madam:				
The enclosed	d Registered Agent/Registered Offic	ce Change a	nd fee(s) are submitted for filing.		
Please return	all correspondence concerning this	s matter to th	ne following:		
LARRY C	. MOYE, JR				
	Name of Person		<del></del>		
LCM HOL	DINGS, LLC				
	Firm/Company		<del></del>		
801 N MA	GNOLIA AVE, SUITE 102				
	Address	-	<del></del>		
ORLANDO	D, FL 32803				
· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		<del></del>		
chipmoye(	@yahoo.com				
E-mail	address: (to be used for future annu	ial report no	tification)		
For further in	nformation concerning this matter,	please call:			
LARRY C.	MOYE, JR	407	466-7694		
	Name of Person		Area Code & Daytime Telephone Number		
STR	EET/COURIER ADDRESS:	!	MAILING ADDRESS:		
_	stration Section	Registration Section			
	sion of Corporations	Division of Corporations			
	on Building	P.O. Box 6327			
	Executive Center Circle	Ţ	Γallahassee, Florida 32314		
I alla	shassee, Florida 32301				
Encl	osed is a check for the following	amount:			
<b>2</b> \$2	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 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. Na	ame of the limited liability company: LCM HOLDIN	IGS,	LLC		
2. (a)	801 N MAGNOLIA AVE		(b) 801 N MAGNOLIA AVE		
<b>-</b> . ()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  SUITE 102	_	SUITE	Mailing address of limited (Note: MAY BE POST	
				<u>.</u>	<del></del>
	ORLANDO, FL 32803		ORLAN	IDO, FL 32803	
	FEBRUARY 29, 2012		L120000	29018	
<ul><li>3.</li><li>5. (a)</li></ul>	Date of filing/registration in Florida ASHLEY S. HUNT	4.		Document number	
J. (a)	Registered Agent and Registered Office shown on the records of the 601 S 9TH STREET	the Flor	ida Dept. of Sta	te:	
	Registered Office Address (MUST BE FLORIDA STREET A	4DDRE	<u>:SS)</u>	<u> </u>	
	LEESBURG , FL	3473	18	<del>-</del>	14 D SECO TALLA
(b)					E DEC – URETA LAHAS
, ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	address:	_	
	LARRY C. MOYE, JR				PH 9: 15
	NEW Registered Office Address:			<del></del>	IS ATE
	801 N MAGNOLIA AVE, SUITE 102				A
	ORLANDO ,,FL	3280	)3 [.]	<u></u>	
the cha agent v was/we the arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reability of the l limite	gistered offic company, it imited liabili	ce and the business of is hereby confirmed to the company or as other mpany.  MOYE, JR.	fice of the registered hat the change(s) erwise provided in
-	ture of a member or thorized representative of a member			Printed or typed name of	-
provisi	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided ly reflect a change in the registered office address, I have a change in the registered office address, I have a change of this change.	perfor	mance of my	duties, ånd I am fami	iliar with and accept
Signatu	re of Registered Agent				
	Division of Corporations P.O. F	30x 63	27 Tallaha	ssee FI 32314	

**FILING FEE: \$25.00**