Division of Corporations **Electronic Filing Cover Sheet** 

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(((H21000452866 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC REGISTERED AGENT CHANGE LAU BROS 1, LLC

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\$55,00

Electronic Filing Menu Corporate Filing Menu

Help

5 2021-12-16 09:59:54 PST LegalZoom.com, Inc. 12/14/2021 1:33:21 PM PAGE 1/001 Fax Server

From: Janae Petty



December 14, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

LAU BROS 1, LLC 5840 PARADISE POINT DRIVE PALMETTO BAY, FL 33157US

SUBJECT: LAU BROS 1, LLC

REF: L12000068009

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Document is incomplete.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Valerie Herring Regulatory Specialist III

FAX Aud. #: H21000452866 Letter Number: 721A00030128

## COVER LETTER

2021-12-16 09:59:54 PST

Division of Corporations				
SUBJECT: LAU BROS 1, LLC				
Nan	ie of Limited Lia	ibility Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	ice Change and f	ee(s) are submitted for filing.		
Please return all correspondence concerning th	is matter to the fo	ollowing:		
Cheyenne Moseley				
Name of Person	-	_		
Legalzoom.com, Inc.				
Firm/Company		<del>-</del>		
101 N. Brand Blvd., 10th Floor				
Address		_		
Glendale, CA 91203				
City/State and Zip Code		_		
terrytslau@gmail.com		_		
E-mail address: (to be used for future and	iual report notific	cation)		
For further information concerning this matter.	, please call:			
Cheyenne Moseley	800 at (	773-0888 ext 9724		
Name of Person		Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314			
Tallahassee, Florida 32301	1 (11)			
Enclosed is a check for the following	g amount:			
□ \$25 Filing Fee	□ \$5:	5 Filing Fee & Certified Copy		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

From: Janaa Petty

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	ame of the limited liability company:LAU BROS 1	,				
2. (a)	36 NE First Street, Suite 438	Œ	(b) 36 NE First Street, Suite 438			
2. (u)	Principal office address of limited liability company:	_		Mailing address of limited liability company:		
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)		
	Miami, FL 33132	_	Miami	, FL 33132		
		_		<u> </u>		
	05/21/2012		L12000	0068009		
3.	Date of filing/registration in Florida	4.		Document number		
5 (2)	LAU, TERRY T					
J. (a)	Registered Agent and Registered Office shown on the records of th	ne Florida	Dept. of State	<u>.</u> !:		
36 NE First Street, Suite 438						
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
				SE SE21		
	Miami	3313	2	FILI 2021 DEC 16 SEUSE FRANCES TALLAHASS		
	, FL.			- 装 2 ユ		
<i>(</i> 1.)						
(b)	Enter name of NEW Registered Agent and/or NEW Registered (	Office ad	dress:			
				ال ا		
	28 RID					
	NEW Registered Office Address:			12-		
	5575 S. Semoran Blvd., Suite 36	_				
	Orlando , FL	32822				
the cha agent v was/w	imited liability company is not organized under the law- inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regined bility continuity the time time the time time the time time time the time time time time time time time tim	stered office ompany, it is sited liability	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in		
	165	Ter	ry Lau			
-	ture of a member obauthorized representative of a member			Printed or typed name of signee		
the obi	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided elv reflect a change in the registered office address, I had myriting of this change.  CHEYENNE MOSELEY, ASSISTANT SECRETARY STATES CORPORATION AGENTS, INC.	for in Gereby co	Chapter 605 Chapter 605 Confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been		