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COVER LETTER

'TO: Registration Section Division of Corporations			
SUBJECT: Loumy Labs	imited Liability Company		
Name of L	mined Elability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning t	his matter to the following:		
Jean Paul Couloumy			
Name of Person			
Loumy Labs			
Firm/Company			
3550 N.W 113 Th Cou	rt Eg	Elli.	
Address		到3代表 19	
Doral / Florida 33178	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
City/State and Zip Code		PX	
jean-paul@couloumy.d		<u>დ</u> 33	
E-mail address: (to be used for future annual report no	tification)		
For further information concerning this matter	er, please call:		
Jean Paul	at (305) 878.75.81		
Name of Person	Area Code & Daytime Telephone Number	-	
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section Division of Corporations		
Division of Corporations Clifton Building	P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		
Tallahassee, Florida 32301			
Enclosed is a check for the followin	g 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. liability company submits the following statement in organity agent, or both, in the State of Florida.	.508, Florida Statutes, der to change its regis	, the undersigned limit stered office or register	ted red
1. Name of the limited liability company: LOUMY LABS, LLC	Σ.		
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)	ny: <u>3350 N.W 113 Th Court, Do</u>	ora, Florida 33178	_
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3350 N.W 113 Th Court, Do	ora, Florida 33178	<u> </u>
09/25/2012	L 12000122142		
3. Date of filing/registration in Florida	4. Document numbe		—
5. (a) Registered Agent and Registered Office shown or Registered Agent:	the records of the Flo	rida Dept. of State:	_
Registered Office Address:	3350 N.W 113 Th Court, Dora, Florida 33178		
č		20 B	_
			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	EW Registered Office	address:	
NEW Registered Agent:			_
NEW Registered Office Address:			
(MUST BE FLORIDA STREET ADDRESS)	3350 N.W 113 Th Court Doral	F4) 33178	_
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ider liability company, it is hereby confirmed that the change(stop the members of the limited liability company or as otherwise operating agreement of the limited liability company. Signature of a member of authorized representative of a member	Florida street address on tical. Or, in the case on was/were authorized.	of the registered office of a Florida limited by an affirmative vote	of
Printed or typed name of signce I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability company. Signature of Registered Agent	agree to act in this cap roper and complete per osition as registered a erely reflect a change i ny has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in, in the registered office writing of this change.	0
Division of Cornerations P.O. Roy 6	377 Tallahassaa El	32314	

FILING FEE: \$25.00

INHS18 (05/08)