(Requestor's Name)							
(Address)							
(Address)							
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(Business Entity Name)							
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COVER LETTER

Division of Corporations	
SUBJECT: LIANAS L.L.C.	
Name of Limi	ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
STEVEN WARM	
Name of Person	
LAW Office of Steven WARM Firm/Company	
-5700-SW 34TH STREET, SUITE 425	0 SW 4th PLACE Ste R-3
Address	
GAINESVILLE, FLORIDA 32608 New Deva	4 FL 32669
City/State and Zip Code	
SW@STEVENWARM.COM	
E-mail address: (to be used for future annual repor	notification)
For further information concerning this matter, please ca	II:
STEVEN WARM 35	2 373-8279 Area Code & Daytime Telephone Number
Name of Person	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

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.	Na	me of the limited liability company: LIANAS .L.L.C	-					
2. ()				
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 2700 NE 58TH STREET	- (0	2700	Mailing address of limite (Note: MAY BE POS) NESS IN SE	ST OFFICE BO		
		2700 NE 30111 31REE1	-				a	
		FORT LAUDERDALE, FLORIDA 33308	-	GAINE	ENUBER DALE, SUILLE, FLORID	A 32608	33308	
		MARCH 10, 2016		L12000	156629			
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	Registered Agent and Registered Office shown on the records of th			<u> </u>			
		Registered Agent and Registered Office shown on the records of the GHISLAINE SWITZER-OBADIA	e Florida	(Dept. of St	inc:	1 2		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				2017 1ACI		
	2700 NE 58TH STREET							
		FORT LAUDERDALE FI	33308	}		UN 22 P	Auris.	
							\$ 1 \$6.00	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Mos ad	dran:		2: 3	•	
		Enter name of SEN REGISTERS AREIT and/or SEN REGISTERS C	TIRE NO	W1 533		9 m .b n		
		STEVEN WARM						
		NEW Registered Office Address:		· -				
		5700 SW 34TH STREET #425 / +250 SC	0 4	Th PLAX	CE Ste R-3			
		NEWBERRY	3241	9				
		-GAINESVILLE!	32608	⊦	- 			
the age was the	cha ent w s/we arti	mited liability company is not organized under the laws nge or changes are made, the Florida street address of taxill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the months of cles of organization or the operating agreement of the liab	he regin pility co the lim	stered off ompany, i med liabi	ice and the business of t is hereby confirmed lity company or as oth ompany.	office of the retainment of the change of th	egistered ge(s)	
	•	ure of a member or authorized representative of a member			Printed or typed name	2		
pro the to r	wisi obli nero ifiec	or accept the appointment as registered agent and agre ins of all rutules relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I ha I'm willing of this change.	e to act perform for in (prehy c	in this co ance of m Thapter 6 onfirm the	apacity. I further agr wyduties, and I am far 305, F.S. Or, if this do at the limited liability	ee to comply a niliar with an ocument is bei company has	with the ad accept ing filed been	
Sig	gatti	rent Registered Agent STEVENWARH						
/		Division of Corporations • P.O. Bo	ox 6327	7● Tallah	iassee, FL 32314			

FILING FEE: \$25.00