## 113000 159866

(Requ	uestor's Name)				
(Addı	ress)				
(Addı	(Address)				
(City/State/Zip/Phone #)					
	_				
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Fi	iling Officer:				
!					





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2018 PEC 12 P 3 13:0
SECRETARY OF STATE

S Warren DEC 13 2016

## . COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Lov Mar Soft, LLC Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Mark Freedman Name of Person				
Lor Mar Soft, LLC Firm/Company				
3829 Pleasant Springs Driv	<u>e</u>			
Naples, FL 34/19 City/State and Zip Code	<del></del>			
Mark Greedman, com E-mail address: (to be used for future annual report	notification)			
For further information concerning this matter, please call:				
Mark Freedman at (	914) 299-1344			
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 32301	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.

rioriac	<i>i.</i>	_		
1. Na	ume of the limited liability company: Lor	Yar-Soft, LLC	<u> </u>	<del></del>
2. (a)	3829 Pleasant Springs Oriv	e (b) 3829	Pleasant Spri	nes Drive
• •	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	my: M	ailing address of limited liab	
	Naples, FL 34/19	Na	1-c F1 341	/9
	104/10)10 31117	<del>- 1 • 1</del>	769 1 C O 1 I	
				<del></del>
	12-24-2012	1120	00 159866	
3.	Date of filing/registration in Florida		Document number	
• ()	United States Capporation	Laute to		
5. (a)	Registered Agent and Registered Office shown on the rec		:	
	3829 Pleasant Springs	Onive.		
	Registered Office Address (MUST BE FLORIDA ST	REET ADDRESS)		
	11.1.0	- 74119		
	Naples	_, FL_3 <u> </u>		
(b)	Mark Freedman		200 00 00 00 00 00 00 00 00 00 00 00 00	T
(0)	Enter name of NEW Registered Agent and/or NEW Re	vistered Office address:	C : 2 TARN ASSI	
	2000 Divoso al d	0000	E P	M
	MINUTED A COMPANY OF THE STATE	bugz n.	FLOT FST/ FST/ FST/ FST/ FST/ FST/ FST/ FST	0
	NEW Registered Office Address:		ATE RIO	
			> <u>~</u>	
	MUNC	- 3UIIG	•	
	Intel	_,FL_ <u>54117</u>		
If the l	imited liability company is not organized under ange or changes are made, the Florida street add	the laws of the State of Flo	rida, it is hereby confirm	ned that after
agent v	will be identical. Or, in the case of a Florida lin	nited liability company, it is	hereby confirmed that t	he change(s)
was/we	ere authorized by an affirmative vote of the mer icles of organization or the operating agreement	nbers of the limited liability of the limited liability com	company or as otherwispany.	se provided in
OM	L. Tour Man		reedman	
Signa	ture of a member or authorized representative of a member		Printed or typed name of sign	ice
I here	by accept the appointment as registered agent of	and agree to act in this capa	icity. I further agree to	comply with the
the obl	ions of all statutes relative to the proper and co ligations of my position as registered agent as p ely reflect a change in the registered office add	ripicie perjormance of my a provided for in Chapter 605, ross I hereby confirm that t	F.S. Or, if this docume he limited liability come	nt is being filed
notifie	ery reflect a change in the registered office additional districtions of this change.	icoo, i nercoy conjuni nan n	ne mmeu nuomny comp	ursy mus occii

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

Signature of Registered Agent