## L13000004317

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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SURJECT. LAMAX REALTY 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:

LAURA PERINELLI

Name of Person

LAMAX REALTY LLC

Firm/Company

2961 1ST AVE N #F

Address

ST PETERSBURG FL 33713

City/State and Zip Code

LAMAXLLC@GMAIL.COM

fi-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIELE ZAMPA

.,727

412-0550

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

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

	•			
l. Nan	ne of the limited liability company: LAMAX REALTY LLC			
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 2961 1ST AVE N #F ST PETERSBURG FL	2813	<del></del>
	( TOO I DE STRUET HOUNTES		- X	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2961 1ST AVE N #F ST PETERSBURG FL 33/13		=
		77	<u> </u>	
	_	.00	型 が	
01/09/201		L13000004377	<del>7                                    </del>	
3. Date	e of filing/registration in Florida	4. Document number	_	
5. (a)	Registered Agent and Registered Office shown on	he records of the Florida Dept. of	State:	
	Registered Agent:	JACOB FISHER		
	Registered Office Address:	13575 58TH STREET NORTH #200		
		CLEARWATER FL 33760		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	V Registered Office address:		
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2961 1ST AVENUE NORTH #D		
	MOST BE TEORIDA STREET ADDRESS	ST PETERSBURG ,FI	33713	
confirmand the liability the me the ope	imited liability company is not organized under the lend that after the change or changes are made, the Fie business office of the registered agent will be idently company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise trating agreement of the limited liability company.	orida street address of the register ical. Or, in the case of a Florida liwas/were authorized by an affirm	red offici imited native v	ote of
LAURA P	ERINELLI			
	or typed name of signee			
I here comply and I control of the c	hy accept the appointment as registered agent and a with the provisions of all statutes relative to the prim familiar with and accept the obligations of my poer 608, F.S. Or, if this document is being filed to me is, I hereby confirm that the limited liability compan	gree to act in this capacity. I furt oper and complete performance of sition as registered agent as prov rely reflect a change in the regist whas been notified in writing of th	her agr f my du idéd for ered off iis chan	ee to ties, ; in ice ige.
Signatur	re of Registered Agent			

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