

•						
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



200253933052

12/06/13--01005--005 **25.00

TALLAHASSEC OT BRIDE

B. BOSTICK

DEC 10 2013

EXAMINER

COVER LETTER

Division of Corporations				
SUBJECT: LOUDLISTER LLC				
Name of Limit	ted Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
ANTONIO E. REGOJO				
Name of Person				
REGOJO LAW, P.A.				
Firm/Company				
3550 BISCAYNE BLVD. SUITE 507				
Address	TALL 22			
MIAMI, FLORIDA 33137	Zas DEC - 6 Aellaliciss	· :		
City/State and Zip Code	The second of th	-1		
E-mail address: (to be used for future annual report notific		: '1		
For further information concerning this matter, p	•••	i)		
ANTONIO E. REGOJO at	(305) 814-8299			
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 a	mount:			
■ \$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.

agem	, or both, in the Blate of Pioriaa.				
1. Na	ame of the limited liability company: LOUDLISTER LLC	<u> </u>			
2 (a)	Principal office address of limited liability compa	mur 6530 GRIEFIN BOAD #	H 0.4		
2. (a)	(Note: MUST BE STREET ADDRESS)	DAVIE, FLORIDA 33314			
((DESTRUCTION)				
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Mailing addrage of limited liability company	RESO COLECTAL DOAD #	904		
	(Note: MAY RF POST OFFICE ROY)	8530 GRIFFIN ROAD #104 DAVIE, FLORIDA 33314			
	(Hell Mail Bartost Of Fice Boys)				
03/21/2	2013	L130000427 6	L130	00042	706
3. Da	ate of filing/registration in Florida	4. Document num			
5. (a	Registered Agent and Registered Office shown of Registered Agent:	n the records of the F	lorida Depi	t. of State:	
	Registered Office Address:	11077 BISCAYNE BLV		for i	
		MIAMI, FLORIDA 33161	1	7.4	
			<u></u>	-	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Offic	ce address:	س	. •
	NEW Registered Agent:	ANTONIO REGOJO	P. P. P		
	MESSI Decision JOSS - Aldress	OFFO DIOCAVALE DI VID	01.00	-	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3550 BISCAYNE BLVD.	. SUITE 307 .	<u>Ur.</u>	
	MOST BETEURIDA STREET ADDRESS)	MIAMI		Fk,33137	
		14(1) (14)	<u></u>	_,[- <u>k,00107</u>	
confir and the liabilithe methe or	limited liability company is not organized under the remed that after the change or changes are made, the ne business office of the registered agent will be ide ity company, it is hereby confirmed that the change embers of the limited liability company or as otherwhere the change embers of the limited liability company. The of a member or authorized representative of a member	Florida street address ntical. Or, in the case (s) was/were authorize provided in the a	s of the regi e of a Florid	istered offi da limited	ce rote of a or
A	ntonio Regojo, Altorneyin Fact				
	eby accept the appointment as registered agent and ly with the provisions of all statutes relative to the part familiar with and accept the obligations of my left to 8, F.S. Or, if this document is being filed to hess, I hereby confirm that the limited liability compa	l agree to act in this coroner and complete position as registered nerely reflect a changing has been notified	capacity. I performanc agent as p ge in the rec in writing (further agi se of my du rovided foi gistered off of this chan	ree to ties, r in ice ige.

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

Signature of Registered Agent