

L13000052913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

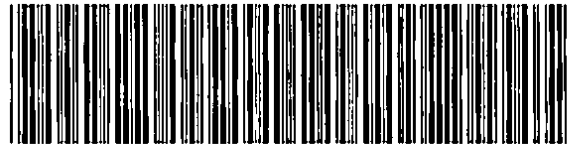
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19 JUN 26 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



JUN 26 2019

T SCHRÖDER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Loyola 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:

DePaula, Carlos

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

1694 Holcomb Creek St.

\_\_\_\_\_  
Address

Winter Garden, FL 34787

\_\_\_\_\_  
City/State and Zip Code

elisajdrummond@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DePaula, Carlos at ( 561 ) 929-8410  
\_\_\_\_\_  
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. Name of the limited liability company: Loyola LLC

2. (a) <u>Principal office address of limited liability company:</u> <u>(Note: MUST BE STREET ADDRESS)</u> <u>7718 Teascone Blvd7</u> <u>Kissimmee, FL 34747</u>	(b) <u>Mailing address of limited liability company:</u> <u>(Note: MAY BE POST OFFICE BOX)</u> <u>7796 West Irlo Bronson Mem. Hwy</u> <u>Kissimmee, FL 34747</u>
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3. <u>05/29/2013</u> Date of filing/registration in Florida	4. <u>L13000052913</u> Document number
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5. (a) DePaula, Carlos  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
411 SE Mizner Blvd suit 72  
Boca Raton, FL 33432

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
DePaula, Carlos  
NEW Registered Office Address:  
1694 Holcomb Creek St.  
Winter Garden, FL 34787

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

<u><i>FL</i></u> Signature of a member or authorized representative of a member	<u>FLAVIA SAMPAIO DRUMMOND LOYOLA</u> Printed or typed name of signer
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*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
Signature of Registered Agent

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