## L13000135073

(Requestor's Name)						
(Address)						
(Address)						
(Cit	ty/State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
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## COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divi *	sion of Corporations		·		
	LOMAR INVESTMENT GROUP, LLC.				
SUBJECT:	Name of Limited Liability Company				
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered Off	ice Change and	I fee(s) are submitted for filing.		
Please return	n all correspondence concerning th	is matter to the	following:		
LORRAIN	E E. PEREZ				
	Name of Person		<del></del>		
INTERCO	ONTINENTAL LAW FIRM, P.A	۸.			
	Firm/Company		<del></del>		
3905 NW	107TH AVE., SUITE 303				
	Address		<del></del>		
DORAL,	FLORIDA 33178				
	City/State and Zip Code		<del></del>		
	@INTERCONTLAW.COM				
	l address: (to be used for future and	-	fication)		
For further i	information concerning this matter,	, please call:			
LORRAIN	IE E. PEREZ	at (	444-1272		
	Name of Person		Area Code & Daytime Telephone Number		
Reg Div Clif	REET/COURIER ADDRESS: gistration Section rision of Corporations fton Building 1 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Tail	lahassee, Florida 32301				
	closed is a check for the following				
☑ \$	\$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 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: LOMAR INVES	STMEN	IT GROUP	, LLC.
2.	(a)	7345 W SAND LAKE ROAD	(b)	7345 W S	AND LAKE ROAD
	()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0)	Ma	iling address of limited liability company: Note: MAY BE POST OFFICE BOX)
		SUITE 204		SUITE 204	4
		ORLANDO, FLORIDA 32819	<del>-</del> -	ORLANDO	D, FLORIDA 32819
		09/24/2013	ı	_13000135	073
3.		Date of filing/registration in Florida	4.	D	ocument number
5.	(a)	INTERCONTINENTAL LAW FIRM, P.A.			
	()	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State:	
		175 SW 7TH STREET			
		Registered Office Address (MUST BE FLORIDA STREET AL SUITE 1707	DDRESS)		
		MIAMI	33130		
1	(b)	INTERCONTINENTAL LAW FIRM, P.A.  Enter name of NEW Registered Agent and/or NEW Registered Office address:			16 AUG 25
		3905 NW 107TH AVE.			
		NEW Registered Office Address:			
		SUITE 303			#2
		DORAL ,FL	33178		
the age was the S I h pro the to r	cha nt w s/we arti- ignal erel visio obli- neve	mited liability company is not organized under the lawsing or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cless of organization or the operating agreement of the liability accept the appointment as registered agent and agree one of all statutes relative to the proper and complete programs of my position as registered agent as provided the proper and complete programs of my position as registered agent as provided the proper and complete programs of my position as registered agent as provided the proper and complete programs of my position as registered office address, I have the proper and complete programs of this change.	he regist bility con the limi imited li LOF	ered office a npany, it is he ted liability comparation of the RRAINE E.  Prinths canacians of the test of the tes	nd the business office of the registered ereby confirmed that the change(s) company or as otherwise provided in any.  PEREZ  rinted or typed name of signee  ity. I further coree to comply with the

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