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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L14000012725

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LLC REGISTERED AGENT CHANGE

LUCHEVIDA LLC

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OCT 2 2014

T. EMAIL

https://efile.sunbiz.org/scripts/efilcovr.exe

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

Pursuant to the provisions of sections 605.0114, 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: LuchoVida LLC

2. (a) Principal office address of limited liability company: 9365 Nastrand Circle
Port Charlotte, Florida 33981
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 9365 Nastrand Circle
Port Charlotte, Florida 33981
(Note: MAY BE POST OFFICE BOX)

1/23/2014 — 3. Date of filing registration in Florida

L14000012725 — 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: BUSINESS FILINGS INCORPORATED

Registered Office Address: 315 E. PARK AVENUE
TALLAHASSEE, FL 32301

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Michael Fermin

NEW Registered Office Address: 9365 Nastrand Circle
Port Charlotte FL 33981
(MUST BE FLORIDA STREET ADDRESS)

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.

Signature of a member or authorized representative of a member

Michael Fermin, Member
Printed or typed name of signee

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.

Michael Fermin
Signature of Registered Agent

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

DHS 18 (12-13)

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