

(Requestor's Name)					
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(City/State/Zip/Phone #)					
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(Business Entity Name)					
(Document Number)					
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02/21/17--01016--011 **25.00

FEB 2 1 2017 S. YOUNG

COVER LETTER

	gistration Section vision of Corporations						
SUBJECT	LPMACHADOS LLC						
Name of Limited Liability Company							
Dear Sir or	Madam:						
The enclose	nd Registered Agant/Registered Of	ffice Change and	fee(s) are submitted for filing.				
Please retur	rn all correspondence concerning t	this matter to the	following:				
PHYLLIS	P. MACHADO						
	Name of Person						
LPMACH	IADOS LLC						
	Firm/Company						
116 JACI	KSON AVE.						
	Address		 -				
CAPE CA	ANAVERAL, FL 32920	,					
	City/State and Zip Code	, 					
PPPD52	8@AOL.COM						
E-mai	il address: (to be used for future ar	nnual report notif	ication)				
For further	information concerning this matte	er, please call:					
PHYLLIS	P. MACHADO	321	412-8975				
	Name of Person	,	Area Code & Daytime Telephone Number				
Re Di Cli 260	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building 61 Executive Center Circle llahassee, Florida 32301	gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314					
Enclosed is a check for the following amount:							
Ø	\$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: LPMACHADOS LLC							
2. (116 JACKSON AVE.	(b)	·			
2. (. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		CAPE CANAVERAL, FL 32920					
		100000000000000000000000000000000000000	144,701,75				
		05-06/2014 L140000		055668			
3. ·5. (a		Date of filing/registration in Florida	4.	Document number			
	a)	LESTER D. MACHADO					
<i>J</i> . (u j	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
		116 JACKSON AVENUE					
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
				<u></u>			
		CAPE CANAVERAL	_L 32920				
(1	b)						
•		Enter name of NEW Registered Agent and/or NEW Registered Office address:					
		116 JACKSON AVENUE					
•		NEW Registered Office Address:					

		CAPE CANAVERAL	_{FL} 32920				
the cagen was/ the a	hai 1 w we intio	mited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members cles of organization or the operating agreement of the presentative of a member of a member or authorized representative of a member	aws of the State of lof the registered off liability company, is of the limited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in			
prov the o to m notif	isio bli ere liea	by accept the appointment as registered agent and a cons of all statutes relative to the proper and comple gations of my position as registered agent as providity reflect a change in the registered office address, it in writing of this change	gree to act in this co le performance of m led for in Chapter 6 I hereby confirm the	apacity. I further agree to comply with the iv duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been			

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