## 1140000 93034

		_		
(	Requestor's Name)			
<del>/</del>	Address)	· · · · · · · · · · · · · · · · · · ·		
'	Addressy			
(Address)				
	C'- 10 17 (D) 19	<u>.</u>		
(	City/State/Zip/Phone #)			
_	_	_		
. L PICK-UP	☐ WAIT	MAIL		
(	Business Entity Name)			
<del> (</del>	Document Number)			
·	•			
Certified Copies	Certificates of	Status		
Special Instructions	to Filing Officer:			
l	0			
mich proxe				
) O#ina Una Only				
	Office Use Only			



400319149694

10/01/18--01023 -006 \*\*35.00

2010 OCT 23 PH 3: 84 2010 OCT 23 PH 3: 84

OCT 23 2018



October 6, 2018

ROD HUBBARD 7000 MAE ANNE AVE OFC RENO, NV 89523

SUBJECT: LE MONTAGE LLC Ref. Number: L14000093034

We have received your document for LE MONTAGE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Corporate Records Supervisor

> 2010 OCT 23 PM 3: SECHETALY DE STA FALLAHASSEE FLOS

Letter Number: 118A00020848

•	COVER	LETTER		
TO: Registration Section Division of Corporations				
Le Montage LLC SUBJECT:				
	Name of Limited	Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for filing	g.	
Please return all correspondence concerning	g this matter to th	e following:		
Rod Hubbard				
Name of Person				
Aviana at Tuscany				
Firm/Company				
7000 Mae Anne Ave OFC			2818 OCT	
Address				
Reno, NV 89523			23 P	
City/State and Zip Cod	c	<del>_</del>		
accounting@goldelm.com				
E-mail address: (to be used for future	annual report not	ification)	·	
For further information concerning this mat	ter, please call:			
Vanessa Bertuca	775	747-7500		
Name of Person	(	Area Code & Daytime Tele	phone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R 17 <b>P</b>	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the follow	ing amount:			
S25 Filing Fee	<b>a</b> :	☐ \$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. N	lame of the limited liability company: Le Montage	LLC		
2. (a)	200 Maltese Cir OFC	(b) 7000 Mae Anne Ave OFC		
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)	
	Fern Park, FL 32730	Reno	o, NV 89523	
	June 3, 2014	L1400	0093034	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	Michael Moses			
·	Registered Agent and Registered Office shown on the records of 12443 SAN JOSE BLVD.	f the Florida Dept. of	State:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	Jacksonville, Ft	32223		
(b)	Rod J Hubbard			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	22 F	
	200 Maltese Cir OFC		70 TV	
	NEW Registered Office Address:		- 1000 (100 (100 (100 (100 (100 (100 (10	
	Fern Park . FI	32730		
the ch agent was/w	limited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited literere authorized by an affirmative vote of the members of itcles of organization or the operating agreement of the	f the registered o iability company, of the limited liab	ffice and the business office of the registered it is hereby confirmed that the change(s) pility company or as otherwise provided in company.	
Signa	ature of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob to mei notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide cly reflect a change in the registered office address. I din writing of this change	ree to act in this e performance of ed for in Chapter hereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been	

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