## 14000107534

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2017 MAR 29 AM II: 09
SECKETARY OF STATE
FALL AHASSEE, FLORIDA

K. SALY Mar 3 1 2017

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJE	Lana Capital, LLC			
		ne of Limited Lia	ibility Company	
Dear Si	r or Madam:			
The end	closed Registered Agent/Registered Off	ice Change and f	ee(s) are submitted for filing.	
Please r	return all correspondence concerning th	is matter to the fo	ollowing:	
Randa	all Ritchie			
	Name of Person		<del></del>	
Ander	son Registered Agents			
	Firm/Company		_	
3225	McLeod Drive, Suite 110		_	
	Address		_	
Las V	egas, NV 89121		_	
	City/State and Zip Code		_	
rritchie	e@andersonadvisors.com			
E-	mail address: (to be used for future ann	ual report notific	cation)	
For furt	her information concerning this matter,	please call:		
Randa	all Ritchie	800 at (	706-4741	
	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	Reg Divi P.O.	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314	
Enclosed is a check for the following amount:				
	☑ \$25 Filing Fee	□ \$55	5 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. Na	ame of the limited liability company: Lana Capital,	LLC		
			b)	
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ `	(b)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  18851 NE 29TH AVE SUITE 700	
	18851 NE 29TH AVE SUITE 700			
	Aventura, FL 33180	_	Aventur	a, FL 33180
	07/08/2014		L140001	07524
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
c, (u)	Registered Agent and Registered Office shown on the records of t	he Floric	la Dept. of Stat	 e:
	Saadi, Luis W			_
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>S)</u>	~3
	2875 NE 191st Steet Suite 532			<u> </u>
	Aventura	33180	)	SLUNTASSE
	, 1 <sup>1</sup> L			- 28 T
(b)				SHO T
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	<u>ldress</u> :	From E
	Anderson Registered Agents, Inc			2017 MAR 29 MM 11: 09 TALLANDASSEE FLORIDA
	NEW Registered Office Address:			<del>-</del> <del>-</del> <del>-</del>
	1000 North Washington Blvd.		<del></del>	-
	Sarasota, FL	34236	3	-
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ele authorized by an affirmative vote of the members of ichs of organization or the operating agreement of the	the reg bility c f the lin limited	istered office ompany, it i nited liabilit liability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		-	Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I has been the change of this change.	ee to ac perforn I for in iereby c	et in this cap nance of my Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

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

Signature of Registered Agent