## L 14000 172864

(Re	equestor's Name)	
- (Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
este	Office Use Onl	v -



600267059256

12/10/14--01008--024 \*\*25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DEC 1 6 2014

T. CARTER

## **COVER LETTER**

TO:

INHS18 (2/14)

Registration Section

Division of Corporations							
LOPEZ & ASSOCIATES RE	ALTY, LLC						
	Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Offi	ce Change and	I fee(s) are submitted for filing.					
Please return all correspondence concerning thi	s matter to the	following:					
MAREIGHA LOPEZ							
Name of Person							
LOPEZ & ASSOCIATES REALTY, LLC							
Firm/Company		<del></del>					
407 LAKE HOWELL ROAD, SUITE 104	ţ						
Address		<del></del>					
MAITLAND, FL. 32751							
City/State and Zip Code		<del></del>					
lopezandassociatesrealty@gmail.com							
E-mail address: (to be used for future ann	ual report noti	fication)					
For further information concerning this matter,	please call:						
Mareigha Lopez	954	907-7777					
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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following	amount:						
☑ \$25 Filing Fee	<b>□</b> \$	555 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	ame of the limited liability company: LOPEZ & A	SSOCI	ΑT	ES REAI	LTY, LLC			
2. (a)	Mareigha Lopez		(b)	Margiah	a Lopez			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		- \'.'		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	407 Lake Howell Road, Suite 104			407 Lak	e Howell Road, Suite	∍ 104		
	Maitland, FL. 32751			Maitland	l, FL. 32751			
	11/06/2014		L	.1400017	72864			
3.	Date of filing/registration in Florida	4.	_		Document number	•••		
5. (a)	Mareigha Lopez							
J. (a)	Registered Agent and Registered Office shown on the records	of the Flor	rida I	Dept. of State	- e:			
	Mareigha Lopez				_			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					14 D	<b>4.</b>	
	825 Starlight Cove Road, Unit 202			<u>.</u>	L C			
	Orlando,	FL3282	28		_	1 330	AHAS AHAS	
(b)	Mareigha Lopez					O AM	RY O	
(0)	Enter name of NEW Registered Agent and/or NEW Registe	red Office	addı	ress'	-	<u>ب</u>	E'S	
	Mareigha Lopez					40	TATE ORIDA	
	NEW Registered Office Address:				-			
	407 Lake Howell Road, Suite 104				_			
	Maitland	FL_3275	51		_			
the cha agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization of the operating agreement o	of the re Hiability rs of the l	egist cor limi	ered office npany, it i ted liabilit	e and the business office s hereby confirmed that y company or as otherw	of the re	egistered (ge(s)	
		Ν	lare	eigha Lo <sub>l</sub>				
	ature of a member of authorized representative of a member	_		<del>-</del>	Printed or typed name of sig	-		
I here provis the ob to mer notifie	by accept the appointment as registered agent and cions of all statutes relative to the proper and completions of my position as registered agent as proviety reflect a change in the registered office address of in writing of this change.	agree to e ete perfo ided for i . I hereby	act i rma n Ci v coi	in this cap nce of my hapter 603 nfirm that	acity. I further agree to duties, and I am familia 5, F.S. Or. if this docum the limited liability com	comply with an ent is be pany has	with the id accept ing filed s been	
Signate	ure of Registered Agent							
	Division of Corporations • P.C FILING	). Box 63 3 FEE: \$			ssee, FL 32314			

INH\$18 (2/14)