## **L140017479**5

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## **COVER LETTER**

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TO: Registration Section Division of Corporations Laura Ericksen LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Laura Ericksen Name of Person Laura Ericksen LLC Firm/Company 1234 S Dixie Highway #1148 Address Coral Gables, FL 33146 City/State and Zip Code lauraelizabethericksen@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Laura Ericksen Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: **№** \$25 Filing Fee □ \$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.	Na	me of the limited liability company: Laura Ericksen Ll	LC					_
		Principal office address of limited liability company:		Mai	ling address of limit	ed liabili	ty company:	
		(Note: MUST BE STREET ADDRESS)		'•				
		1234 S DIXIE HIGHWAY # 1148	_	1234	S DIXIE	HIGI	HWAY #	<u>+ 11 4</u>
		CORAL GABLES FL 33146	_	CORAL	GABLES	FL	33146	· 
		11/10/2014	L1	140017479	95			
3.		Date of filing/registration in Florida 4	-	D	ocument number			
5	(a)	LAURA ERICKSEN						
٥.	(4)	Registered Agent and Registered Office shown on the records of the Fl	lorida De	ept. of State:				
		Registered Office Address (MUST BE FLORIDA STREET ADDR	RESS)					
		2425 CORALWAY SKITE 4	103					
		CORAL CIABLES ,FL 3	314	6				
	( <b>L</b> )					ار منا المنا المنا		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office	e addre	<u>\$5</u> :	; ;-	039	3 1	
		LAURA ERICKSEN			;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	-		
		NEW Registered Office Address:				J		
		1234 S DIXIE HIGHWAY #1	1148	3		<u>-</u>		
		CORAL GABLES FL 3	314	6	#2	0		
the age was	chant was/we	mited liability company is not organized under the laws of nge or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liabilit re authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limit	register ty comp limite	red office ar pany, it is he d liability o	nd the business of ereby confirmed ompany or as oth	ffice of that the	f the register e change(s)	
			L	AURA	ERICE inted or typed name	SEL	J	
	_	ure of a member or authorized representative of a member						<del></del>
pro the to n	visie obli nere	y accept the appointment as registered agent and agree to ons of all statutes relative to the proper and complete perfo gations of my position as registered agent as provided for ly reflect a change in the registered office address, I herel I in writing of this change	e act in ormand in Cha by conf	this capaci ce of my dut upter 605, F firm that the	tv. I further agri ies, and I am fan S. Or, if this do limited liability	ee to co niliar w cument compa	omply with to with and acc t is being fil ny has been	he ept ed
Sig	natur	e of Registered Agent						