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## **COVER LETTER**

Division of Corporations
SUBJECT: LFI Group, LLC
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:
Svotlana Furman / LF1 Group, LLC Name of Person
LFI Group, LLC
Firm/Company
500 Three Island Blvd, L15 Address
Hallandau, FL 33009
City/State and Zip Code
Sfurman 84@ gmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Schana Turman at (786 ) 877 9049  Name of Person Area Code & Daytime Telephone Number
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
Analoged is a check for the following amount:
\$25 Filing Fee & Certified Copy
NHS18 (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	me of the limited liability company:LFI &	Troup	, LLC	<u>ک</u>			
2 (a)	500 Three Island Blud, L15	(b)	500The	re Island o	givel,	LI5	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		Mailing address of (Note: MAY BE	limited lial	bility co	
	flallandale, FL 33009		Haua	ndale, Fl	330	09	
		-					
	4	-					
	12/28/2015  Date of filing/registration in Florida		41	5000 2	13	48	
3.	Date of filing/registration in Florida	4.		Document nun	·		
5. (a)	Corporation Service Company						
<i>5</i> . (a)	Registered Agent and Registered Office shown on the records of the	e Florida I	Dept. of Stat	te:			
	201 Hays Street						
	Registered Office Address (MUST BE FLORIDA STREET AL	DRESS)		_			
			<del> </del>	<del>_</del>			
7.5	Jodia hassee ,FL	<u> 32.</u>	<u> 30/                                    </u>	_	4		
	C					ਲੋ	
(b)	Svetlana Furman, LFI Grow				200	MUL	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice add	ress:		35 E.	¥30	d on the land
	500 Three Islands Blud, L15				338 10 L	O PH	
	NEW Registered Office Address:			_		4:4	Chil Shee
	Hallandale, FL 33009				喜	£	
				<del></del>	>	_	
	, FL			_			
If the li	mited liability company is not organized under the laws	of the S	State of Fl	lorida. it is herel	ov confir	med t	hat after
the cha	nge or changes are made, the Florida street address of the	he regist	ered offic	e and the busine	ess office	e of th	e registered
agent w was/we	vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of	the limit	npany, it i ted liabilit	is hereby confir tv company or a	med that is otherw	the cl	nange(s) ovided in
the arti	cles of organization or the operating agreement of the li	mited lia	ability cor	mpany.			
	Many		Vict		man		
Signat	nure of a member or authorized representative of a member			Printed or typed	name of sig	gnee	
provisi the obl to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he I in writing of this change.	e to act i erforma for in Ci ereby coi	in this cap nce of my hapter 60. nfirm that	pacity. I further duties, and I an 5, F.S. Or, if th the limited liab	agree to n familia is docum ility com	comp r with ent is pany	ply with the and accept being filed has been
Signatur	te of Registered Agent						
	many required regard						