L15000021472

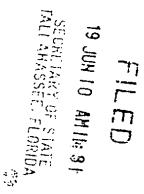
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



200330178542

06/10/19--01032--033 **25.00



un 22 2019 FEOLROSDER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: L.L.U.Z. L.L.C.					
Name of	Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this ma	atter to the following:				
Larice Lima					
Name of Person					
PGL3 Services LLC					
Firm/Company					
15800 Pines Blvd, Ste 316					
Address					
Pembroke Pines, FL 33027					
City/State and Zip Code					
larice.lima@pgl3services.com					
E-mail address: (to be used for future annual	report notification)				
For further information concerning this matter, plea	ase call:				
Larice Lima	941 320-0738				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
当 \$25 Filing Fee	☐ \$55 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.

(a)	une of the limited liability company: L.L.U.Z. L.L.C. 2875 NE 191ST ST.	_(b) 2875 N	E 191ST ST.
. (11)	Principal office address of finited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	AVENTURA, FL 33180	AVENT	URA, FL 33180
	02/04/2015	L150000	21472
i.	Date of filing/registration in Florida	4.	Document number
i. (a)	CORPORATE CREATIONS NETWORK, INC.	•	
(4)	Registered Agent and Registered Office shown on the records of the 11380 PROSPERITY FARMS ROAD Registered Office Address (MUST BE FLORIDA STREET AL		
	#221E		_ ~
	PALM BEACH GARDENS FL 3	33410	19 11.1
(b)	PGL3 SERVICES LLC		JUN 10
	Enter name of NEW Registered Agent and/or NEW Registered Q	ffice address:	' ``
	15800 PINES BLVD		
	NEW Registered Office Address:		- ORA
	SUITE 316		
	PEMBROKE PINES, FL3	3027	•
he cha gent v vas/we he arti vagna I hereo he obli o mero	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the full be identical. Or, in the case of a Florida limited liabore authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabore of a member or authorized representative chalcement. It was epit the appointment as registered agent and agree ons of all statutes relative to the proper and complete point of my position as registered agent as provided by reflect a change in the registered affice address. The first relative to a change in the registered office address.	ne registered officiality company, it the limited liability colorise Albe Property of the pro	the and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany. It Pinheiro Legey Printed or typed name of signee Deacity: I further agree to comply with the challes, and I am lamiliar with induces