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(Document Number)
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: LISA DES COTEAUX 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:
Name of Person
Lisu DES COTEMUX, LLC Firm/Company
5062 Munchester Court 4 106 Address
Palm Harbor, FL 34685 City/State and Zip Code
Lisa, des coteaux = gnail. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lisu DESCOTEMUX at (813) 369-0573
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
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301
Enclosed is a check for the following amount:
\$25 Filing Fee \$\Pi\$ \$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.

1. Name of the limited liability company: LISA DES COTEAUX LLC
2. (a) 5062 Manchester et 106 (b) SAME
Principal office address of limited liability company:  Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
12hm Harbor, FL
34685
2-26-15 L 15000036498
3. Date of filing/registration in Florida 4. Document number
5. (a) LEGALING CORPORATE Services, IVC  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite HOD
736
Fort Myens , FL 33907
DECOST-MIN
(b) LISU DESCOTEIAUX  Enter name of NEW Registered Agent and/or NEW Registered Office address:
5062 Marchester Court # 106 = =
NEW Registered Office Address:
The second secon
Palm Harbor FL 34685
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered
agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the articles of organization or the operating agreement of the limited liability company.
Signature of amember of authorized representative of a member Printed or typed name of signee
Signature of amomber or authorized representative of a member Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a chapte in the registered office address, I hereby confirm that the limited liability company has been
notified in writing of this change.
Signature of Registered Agent