11500054524

(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:						
wrong form						

Office Use Only



400276600974 L15-54524

09/04/15--01012--002 **35.00

change RAJRO



SEP 29 2015 N. CAUSSEAUX

COVER LETTER					
TO: Registration Section Division of Corporations					
SUBJECT: Lo Nangy, 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:					
Loei Monaco Name of Person					
Firm/Company					
1160 NE 87M St Address					
MIAMI PL 33138 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Lori Monaco at (305) 7662956					
Name of Person Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: MAILING ADDRESS:					
Registration Section Registration Section Division of Corporations Division of Corporations					
Division of Corporations Clifton Building Division of Corporations 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					
INHS18 (2/14)					

Previously paid for.



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 14, 2015

LORI MONACO LO NANNY, LLC 1160 NE 87TH STREET MIAMI, FL 33138

SUBJECT: LO NANNY, LLC Ref. Number: L15000054524

We have received your document for LO NANNY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 615A00019330

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org

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

suomiis Florida	s the following statement in order to change its re a.	gisterea	office or i	regisierea ageni, oi	· boin, in the state of
1. Na	ame of the limited liability company:	my)	16		
2. (a)	Lori Monaco	(1	b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limit	
	1160 NE 87th St				
	MIAMITZ 33138				
	3/46/2015		LIST	00054524	+
3.	Date of filing/registration in Florida	4.		Document numbe	r
5. (a)	Corporation Service Co.			_	
	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of St	ite:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	S)		
	Tallahassee PL 32301		-		Āo: 15
					E SH
		-			28 HAS
(b)	LORI Monaco				SKY & M
	Enter name of NEW Registered Agent and/or NEW Registered	l Office ad	ldress:		
	1160 NE 87thSt				8: 29 FLORIC
	NEW Registered Office Address:			_	A
	MMM 12 33138			_	
	,				
	, F1			-	
the cha	imited liability company is not organized under the lainge or changes are made, the Florida street address of	f the regi	stered office	ce and the business	office of the registered
agent w was/ <i>we</i>	vill be identical. Of in the case of a Florida limited li- re authorized by an affirmative vote of the members of	iability co of the lin	ompany, it nited liabili	is hereby confirmed ity company or as of	d that the change(s)
the arti	cles of cranization of the operating agreement of the	limited			
Signat	ture of a member of authorized representative of a member		roki	Mon ACO Printed or typed nam	e of signee
I hereb	by accept the appointment as registered agent and ag	ree to ac	t in this ca	pacity. I further ago	ree to comply with the
the obli to mere	ors of all statics relative to the proper and complete islations of in position as registered agent as provide by reflect a change in the registered office address, I	ed for in hereby c	Chapter 60 Confirm tha	o duites, and 1 am fa 15, F.S. Or, if this d 1 the limited liability	ocument is being filed company has been
notified	A writing office change.				and and the second
Signatur	re of Registered Agent				
`					