L15000066930

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COVER LETTER

TO:	Registration Sets ion Division of Corporations			*(8,
SUBJI	LCTAG LLC ECT:			
	Namo	of Limited L	iability Company	,
Dear S	Sir or Madam:			
The en	nclosed Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing	g.
Please	return all correspondence concerning this	matter to the	following:	
Patrio	cia Dougherty			
	Name of Person		_	
LCTA	AG LLC			
<u> </u>	Firm/Company		_	
712 9	S 14th Street , Suite 101			
	Address		<u> </u>	
Lees	burg, Florida 34748			
	City/State and Zip Code			
jdoug	gherty3@cfl.rr.com			
E	E-mail address: (to be used for future annu	al report notif	ication)	
For fur	rther information concerning this matter, I	olease call:		
Patrio	cia Dougherty	352 at (988-3508	
	Name of Person	(Area Code & Daytime Tele	ephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.C	gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314	
	Enclosed is a check for the following a	amount:		
,	\$25 Filing Fee	_ \$:	55 Filing Fee & Certified Cop	ру
INHS1	8 (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.

No.	me of the limited liability company:					
2. (a)	712 S 14th Street, Suite 101	(b)		Ith Street , Suite 1	01	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Leesburg, FL 34748	_ (*,	М	lailing address of limited by (Note: MAYBE POST of p., FL 34748		• •
	April 16, 2015	_	L1500006	6930		
3. 5. (a)	Date of filing/registration in Florida Joseph Dougherty	4.	1	Document number		
/. (u)	Registered Agent and Registered Office shown on the records of the 712 S 14th Street , Suite 101 Leesburg FL 3		Dept. of State:	:		
	Registered Office Address MUST BE FLORIDA STREET AL	DDRESS	2			
				20 20 20 20 20 20 20 20 20 20 20 20 20 2	2015 JUL	
(b)	Patricia Dougherty			公立 ので 四つ	<u>n</u>	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>		<u>lress</u> :	الار ربا⊂	P# 2	
	712 S 14th Street Suite 101 Leesburg FL 347 NEW Registered Office Address*	/48 		0) ACD 100	2: 44	EW t
	. FL					
the cha agent v was/wa	imited liability company is not organized under the law ange or changes are made, the Florida street address of the vill be identical. Of 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 limited liability.	the regis bility co f the lim imited l	stered office ompany, it is lited liability	and the business office the company or as other pany.	ce of the ch	e registered lange(s)
~~~	tive of a member for authorized representative of a member			Printed or typed name of		
provisi the obt to mer notifie	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete in igations of my position as registered agent as provided by reflect a change in the registered office address, I have been also been as provided by writing of this change.	perjorm	ance of my c	nnies, una i am jama E C. On if dia don	iur wiiri	hawa filed
/	Division of Corporations P.O. B	ox 6327	7• Tallahas:	see, FL 32314		

**FILING FEE: \$25.00**