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## COVER LETTER ...

TO: Registration Section Division of Corporations	•
SUBJECT: LOL Fig.	m. PLLC
Name of Lin	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Name of Person	<u>c)</u>
Firm/Company	
606 E modison 8	<del>.</del>
Eity/State and Zip Code	<u>,02</u>
E-mail address: (to be used for future annual repor	rt notification)
For further information concerning this matter, please ca	all:
Name of Person	S13, 517-   Lele   Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	:
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

## 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 o	f the limited liability company: _	LDC	Fico	- PLL	<u>.C.</u>	
2. (a)	Principal office address of limited liabi		(b) <u>U</u>	_	of limited liabilit	• •
	Tampa FL	336 <b>0</b> 6		Tampa	FL	33605
3.	05/09/2015  Date of filing/registration in F	Torida	4.	15000 Document n	80833 umber	
5. (a) Regis	Tion Durst stered Agent and Registered Office shown 3414 W. BAY	on the records of the	Blvd	of State:		
Regi	stered Office Address (MUST BE FLA	ORIDA STREET AD	DERESSI ZZL		2023 OCT	
(b)	name of NEW Registered Agent and/or	SPORT	ffice address:		OZ3 OCT 23 PM	TT.
NEV	V Registered Office Address:	dison	St.		1: Zo Lorida	. () )
	Tanga	, FL	336	<u> </u>		
change or clagent will b was/were at	d liability company is not organize hanges are made, the Florida stree e identical. Or, in the case of a Florida by an affirmative rote of of organization or the operating ag	t address of the re orida limited liab Tthe members of	egistered officility company the limited lis	ce and the busines the it is hereby confability company of the company.	ss office of the firmed that the	registered change(s) provided in
Signature of	f a member or authorized representative o	f a member			ed name of signed	
provisions of the obligation to merely re- notified in A	cept the appointment as registered of all statutes relative to the proper ons of my position as registered of the change in the registered of this change.	l agent and agrec r and complete gent as provided j fice address, I he	to act in this erformance of for in Chapter reby confirm	capacity. I furth I my duties, and I r 605, F.S. Or, if that the limited li	er agree to co am familiar w this document ahility compar	mply with the ith and accept is being filed by has been
Signature of I	Registered Agent					