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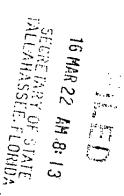
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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MAR 2 3 2016 J SHIVERS

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. N	Tame of the limited liability company: Lydia Grand	LLC		
2. (a)			(b)	
 (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	75 N Woodward Ave #85848		75 N Wo	oodward Ave #85848
	Tallahassee, FL 32313	<u> </u>	Tallahas	see, FL 32313
	09/24/2015		L1500009	96765
3.	Date of filing/registration in Florida	- 4.		Document number
5. (a	\			
5. (a	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State	::
BUSINESS FILINGS INCORPORATED				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE		
	1200 SOUTH PINE ISLAND ROAD		- <u></u> /	16 TALL
	PLANTATION	3332	4	SAET CAHAR
	,			222 488
(b)				
	Enter name of NEW Registered Agent and/or NEW Registered	Office :	ıddress:	rico os image
	REGISTERED AGENTS INC.			HAIL ORIDA
	NEW Registered Office Address:			
	3030 N. Rocky Point Drive, STE 150A			
	Tampa , FI	3360)7	
the ch agent was/w the ar	limited liability company is not organized under the lar lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the regability of the li	gistered office company, it is mited liability	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany.
Signature of a member of authorized representative of a member Printed or typed name of signee				
provis the ob to me	eby accept the appointment as registered agent and agsions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I are writing of this change.	perform d for in hereby	ct in this cape mance of my c Chapter 605 confirm that i	ncity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
Signat	Bill Havre/Assistant Secrure of Registered Agent	etary		