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(Re	equestor's Name)	
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

Division of Corporations	•							
Luigianna, LLC SUBJECT:								
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	g this matter to the following:							
Fried, Anita								
Name of Person								
Luigianna, LLC								
Firm/Company								
12187 S.W. Sandpiper Way								
Address								
Port Saint Lucie, FL., 34987								
City/State and Zip Coc	de .							
amiefried@gmail.com								
E-mail address: (to be used for future	annual report notification)							
For further information concerning this mat	tter, please call:							
Arnie Fried	954 295-2973 at ()							
Name of Person	Area Code & Daytime Telephone Number							
Mailing Address:	Street Address:							
Registration Section	Registration Section							
Division of Corporations	Division of Corporations							
P.O. Box 6327	The Centre of Tallahassee							
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810							
	Tallahassee, FL 32303							
Enclosed is a check for the follow	ring amount:							
■ \$25 Filing Fee	□ \$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. N	ame of the limited liability company: Luigianna, LLC						
2. (a)			(b)				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		ζ-,		•	f limited liability co	• •
	12187 S.W. Sandpiper Way			12187 S.W	. Sandpiper Way	у	
	PORT Saint Lucie, Fl., 34987			Port Saint I	Lucie, FL., 3498	37	
	07/15/2015		1	.150001211	43		
3.	Date of filing/registration in Florida		_		Document nun	nber	
5. (a	Fried, Anita						
J- (W	Registered Agent and Registered Office shown on the records o	f the Flor	rida	Dept. of State	. 3:		
	12926 S.W. Lake Fern Circle, Port Saint Lucie, Fl.,3498	7				· 27	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-	2021 DEC 20 SECRETAR TALLAR		
					-	C 20	
	, F	L			-	20 PM	
(b)	Fried, Anita					7: 08	الابينيا
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			-	- PATE)	
	12187 S.W. Sandpiper Way						
	NEW Registered Office Address:				-		
					-		
	Port Saint Lucie,	L			_		
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	e registe iability of the l	erec con imi	office and openy, it is led liability ability com	I the business of hereby confirm company or a pany.	office of the regi med that the cha	stered ngc(s)
Signa	ature of a member or authorized representative of a member			175	Printed or typed a	name of signee	<u>U</u>
I here provis the ob to mer notific	thy accept the appointment as registered agent and agents of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I address writing of this change.	ree to a perfor ed for it hereby	ict i mai i Cl cor	n this capa nce of my a napter 605, nfirm that t	wity I further	auree to comply	with the ind accept eing filed is been