15000159729

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
_				

Office Use Only



700312516177

""RECEIVED

APR 3 0 2018

05/01/18--01008--018 **25.00



	COVER LETTER				
	istration Section ision of Corporations	•			
SUBJECT:	Lewis CG LLC				
SOBJECT.	Name of Limited Liability Company				
Dear Sir or I	Madam:				
The enclosed	d Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.		
Please return	n all correspondence concerning the	s matter to the	following:		
Donald J.	Lewis				
	Name of Person		_		
Lewis CG	HC				
	Firm/Company				
005014					
3959 Van	Dyke Rd, #275				
	Address				
Lutz, FL 3	3558				
	City/State and Zip Code		_		
Dlewis81@	@gmail.com				
E-mail	address: (to be used for future ann	ual report notil	ication)		
For further i	nformation concerning this matter,	please call:			
Don Lewis	S	813	629 6585		
	Name of Person	,,,,,	Area Code & Daytime Telephone Number		
Reg Divi Clif 266	REET/COURIER ADDRESS: istration Section ision of Corporations iton Building 1 Executive Center Circle lahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. Florida 32314			
Enclosed is a check for the following amount:					
≥ \$	25 Filing Fee	□ \$	55 Filing Fee & Certified Copy		
INHS18 (2/14	4)				

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: Lewis CG, LL	C		
2. (a)	Lewis CG, LLC	(b) Lewis CG, LLC		
2. (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)	
	1916 Brill Drive	3959 V	an Dyke Rd., #275	
	Lutz, FL 33549	Lutz, Fl	_ 33558	
	September 21, 2015	L150001	59729	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	Lewis, Donald		Ā.	
J. (L	Registered Agent and Registered Office shown on the records of t	the Florida Dept. of Sta	ite:	
	1916 Brill Drive Lutz, FL 33549		AAC AR	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			FILED ZUM APR 30 PM 5: 2. SECNE ARI SECTORIO. ALLAHASSEE FLORIO.	
	1916 Brill Drive			
	Lutz, .FL	33549	PH S	
	, rL		100	
(b)	Donald J. Lewis			
•	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	_	
	NEW Registered Office Address:		_	
	1916 Brill Drive			
			_	
	Lutz, Eu	335549		
	,			
	limited liability company is not organized under the lav ange or changes are made, the Florida street address of			
agent	will be identical. Or, in the case of a Florida limited lia	ability company, it	is hereby confirmed that the change(s)	
	vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the			
	Atrani	Donald J. Le	ewis	
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee	
I here provis the obtometric metilication.	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete digations of my position as registered agent as provided rely reflect a change in the registered office address, I he d in writing of this change.	ee to act in this cap performance of my d for in Chapter 60 hereby confirm tha	pacity. I further agree to comply with the aduties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been	
пощи	a in winings in in change.			
Signat	ure of Registered Agent			