L15000172536

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COVER LETTER

TO: Registration Section Division of Corporations				
LOMAZUL LLC SUBJECT:				
···	mited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Cha	inge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	er to the following:			
VIVIAN R. RIVEIRO				
Name of Person				
VIVIAN R. RIVEIRO, P.A.				
Firm/Company				
7950 NW 155TH STREET SUITE 104				
Address				
MIAMI LAKES FL 33016				
City/State and Zip Code				
VIVIAN@VRPALAW.COM				
E-mail address: (to be used for future annual rep	ort notification)			
For further information concerning this matter, please	call:			
VIVIAN R. RIVEIRO	3057791079			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, 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)				

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

I. N	ame of the limited liability company: LOMAZUL	LLC	
2. (a)		(b)	
` ,	Principal office address of limited hability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)
	18201 COLLINS AVE #1604	7	950 NW 155 STREET SUITE 104
	SUNNY ISLES FL 33160		MIAMI LAKES FL 33016
	10/9/2015	L	15000172536
3.	Date of filing/registration in Florida	 4.	Document number
5. (a)	, VLADIMIR TUMANI		
27. (11	Registered Agent and Registered Office shown on the records 18201 COLLINS AVE	of the Florida D	.pt. of State:
	Registered Office Address (MUST BE FLORIDA STREE UNIT #1604	T ADDRESS)	
	SUNNY ISLES	33160	
(b)	VIVIAN R. RIVEIRO, ESQ.		
(17)	Enter name of NEW Registered Agent and/or NEW Register	ed Office addre	<u>~</u>
	7950 NW 155TH STREET		17 JUN 22 LLAHASSER
	NEW Registered Office Address:		
	SUITE 104		=
	MIAMI LAKES	_{FL} 33016	STA ORIDA
the ch agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the street of the members are sufficiently agreement of the operating agreement of the street of t	of the registe liability comes of the Innite he limited liab	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address, d'inverting of ous change.	igree to act in te performand ded for in Cha I hereby conf	this capacity. I further agree to comply with the ze of my duties, and I am familiar with and accept upter 605, F.S. Or, if this document is being filed irm that the limited liability company has been
Signati	ire of Registered Agent		e Esc

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00