1500173831

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



000320003740

10/26/18--01015--006 **25.00

NOV 0 7 2018 S. YOUNG



COVER LETTER

	stration Section sion of Corporations					
SUBJECT:	Luna Group, LLC.					
SUBJECT.	Nan	e of Limite	d Liability Company			
Dear Sir or N	Madam:					
The enclosed	I Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.			
Please return	all correspondence concerning th	is matter to	the following:			
Louis With	ney					
	Name of Person					
Luna Grou	ıp, LLC.					
	Firm/Company					
8613 Brixf	ord St					
	Address			SECOLO		
Orlando, F	FI 32836			AND FILE		
 .	City/State and Zip Code	-		TASSEE, F		
witheyl@b	ellsouth.net			26 PM 6: 34 ASSEE, FLORIDA		
E-mail	address: (to be used for future ann	ual report n	otification)	5: 34 ORIU		
For further information concerning this matter, please call:						
Louis With	ney	321 at (2775336			
	Name of Person	ur (Area Code & Daytime Telepho	one Number		
Reg Divi Clift 266	REET/COURIER ADDRESS: istration Section iston of Corporations ion Building I Executive Center Circle ahassee, 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	C	\$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.

Ni	Luna Group,	LLC.	
	ne of the limited liability company: 8613 Brixford St, Orlando, FI 32836 8613 B		3613 Brixford St, Fl 32836
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
2	10/13/2015		15000173831
3.	Date of filing/registration in Florida United States Corporation Agents,Inc.	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida De	ept. of State;
	Registered Office Address (MUST BE FLORIDA STREET. 13302 Winding Oaks Court, Suite A	ADDRESS)	
	Tampa , Fi	33612	EAR BOT
(b)	Louis Withey	-	OT 26 PA
(5)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office addre	1 26 PH 6: 34 AASSEE, FLORIDA
	NEW Registered Office Address: 8613 Brixford St		
	Orlando	32836	
Signa I hereis the oblito merinotified	imited liability company is not organized under the lainge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I din writing of this change.	f the registe iability com of the limited lial	pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in bility company. Printed or typed name of signee
	Division of Corporations • P.O. FILING F	Box 6327• EE: \$25.00	