116000061676

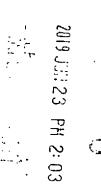
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600330897686

66-17/19 (1/17 (1/ **25.00



R. WHITE.
'JUN 28 2013

COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations					
SUBJECT: LWS Leastly	LLC				
Name of	f 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 this m	na ter to the following:				
Third I was					
David Wong Name of Person					
LWS Realty LLC Firm/Company					
Firm/Company					
146 Palm Coost Reseat Blue Uni-	+ 504				
Folm Cost, FZ 32137 City/State and Zip Code					
himshina/13@Vahoo.com					
HingShing[63@ Yahoo, Com E-mail address: (to be used for future annual	report notification)				
For further information concerning this matter, ple	ase call:				
Name of Person	at (917) 669 - 0608 Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	of Corporations Division of Corporations				
Clifton Building	Clifton Building P.O. Box 6327				
2661 Executive Center Circle	Tallahassee, Florida 32314				
Tallahassee, Florida 32301					
Enclosed is a check for the following am	eunt:				
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

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

		4					
1. Na	me of the limited liability company: LWS	Lealt	y LLC	<u></u>			
2. (a) _	146 Arlin Coast Resort Blvd Unit 804 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)		O. BOX 638 Aniling address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Palm Cost, FL 32137		Flagler	Beach,	FL 3	<u> 2136</u>	
					<u>. </u>		
	31 281 2016		<u> </u>	0000 bi	676		
3.	Date of filing/registration in Florida	4.		Document i	number		
5. (a)	Registered Agent and Registered Office shown on the records of the	ie Florida D	Pept. of State	::			
	Registered Office Address (MUST BE FLORIDA STREET A.	DDRESS)					
	146 Palm Coast Resert Blue Uni	+804					
	Palm Coast, FL, FL,	32137				201	
(b)	Sandy Wong				<u>.</u> .	<u>ا</u> ل و	(का प्रस्तु र्ज
	Enter name of NEW Registered Agent and/or NEW Registered (Office addr	ess:			2	••
	146 Palm Coast Resort Blud Unit 8	01				8 PH	integral
	NEW Registered Office Address:				نت.	PH 2: 03	Victory.
	Palm Coast , FL	3218	7	-			
the cha agent w was/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law.	s of the S the registe bility con the limit	ered office ipany, it is ed liability ibility com	e and the bus s hereby con y company o pany.	siness of firmed to or as oth	ffice o. that the erwise	f the registered e change(s) e provided in
Signat	ture of a member or authorized representative of a member		OCUIC	Printed or ty	ed name	of signe	<u> </u>
I herel provisi the obli to mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I had not been supported by this change. The of Registered Agent	te to act i performan for in Ch ereby con	n this can	acity I furti	her aare	e to co	omnly with the