

LI60000 99407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

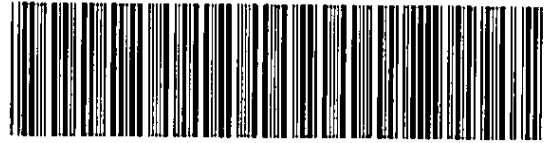
(Business Entity Name)

(Document Number)

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APPROVED
AND
FILED
2019 MAY -5 PM 12:50
CLERK OF STATE
CALIFORNIA

T GLASS

MAY 07 2019

JOHN DEANO
607 N. GLENN
DUNN SPRINGS, FL 32115
TEL: 904/245-1707

We have received your document for and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There can only be one registered agent listed for a company.

Please return your document along with a copy of this letter within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call 601 245-6052.

Carri K. Glass
Regulatory Specialist II

Letter Number: 619A00006104

2019 MAY -5 PM 12:50

APPROVED
AND
FILED

www.sunbiz.org

of Corporations, P.O. BOX 6527, Tallahassee, FL 32309

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOZANO SERVICE GROUP LLC

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 this matter to the following:

SAUL LOZANO

Name of Person

LOZANO SERVICE GROUP LLC

Firm/Company

26450 NOBLE LN

Address

BONITA SPRINGS FL 34135

City/State and Zip Code

L.A.S.18GROUP@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAUL LOZANO

Name of Person

239

734 0172

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

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2019 MAY -5 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: LOZANO SERVICE GROUP LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

26450 NOBLE LN

26450 NOBLE LN

BONITA SPRINGS FL 34135

BONITA SPRINGS FL 34135

05/20/2016

L16000099407

3. _____ 4. _____
Date of filing/registration in Florida Document number

5. (a) SAUL LOZANO JR
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

26450 NOBLE LN

BONITA SPRINGS, FL 34135

(b) SAUL LOZANO SR
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

26450 NOBLE LN

BONITA SPRINGS, FL 34135

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AND
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2019 MAY -5 PM 12:50
TALLAHASSEE, FL
SECRETARY OF STATE

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

X Dominga Romero
Signature of a member or authorized representative of a member

X Dominga Romero 4-18-19
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

X Saul Lozano
Signature of Registered Agent

4-18-19