

L16000101764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

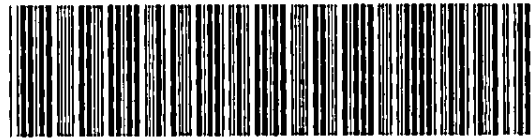
(Business Entity Name)

(Document Number)

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DEC 05 2020

S. YOUNG

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2020 OCT 26 PM 3:10  
CLERK OF COURT  
JANUARY 10 2021

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LBC MIAMI 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:

LEONARDO BELISARIO

Name of Person

LBC MIAMI LLC

Firm/Company

2800 GLADES CIR SUITE 104

Address

WESTON FL 33327

City/State and Zip Code

ISABEL@TRUSTAXLLC.COM

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

For further information concerning this matter, please call:

ISABEL ORDONEZ

954

253 1224

Name of Person

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$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.*

1. Name of the limited liability company: LBC MIAMI
2. (a) 2800 GLADES CIR SUITE 104  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
WESTON FL 33327
- (b) 2800 GLADES CIR SUITE 104  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
WESTON 33327
3. 05-25-2016 Date of filing/registration in Florida
4. L16000101764 Document number
5. (a) CNC CERTIFIED PUBLIC ACCOUNTANT  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
3401 SW 160 AVE SUITE 330  
MIRAMAR, FL 33027
- (b) INTERTAX LLC  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
101 BRINY AVE SUITE 2405  
NEW Registered Office Address:  
POMPANO BEACH, FL 33062

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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.

[Signature] Signature of a member or authorized representative of a member

LEONARDO BELISARIO Printed or typed name of signer

*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.*

[Signature] Signature of Registered Agent

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