L16000 113548

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S Warren SEP 13 2016

COVER LETTER

то:	Registration Section Division of Corporations						
SUBJ	ECT:						
	Nam	Name of Limited Liability Company					
Dear S	Sir or Madam:						
The er	nclosed Registered Agent/Registered Off	ice Change and	d fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:							
Luca	s Johnson						
	Name of Person		_				
Luca	s Johnson LLC						
-	Firm/Company						
75 N	Woodward Ave #83194						
	Address						
Talla	hassee, FL 32313						
	City/State and Zip Code						
living	likelucasj@gmail.com						
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Luca	s Johnson	701	8338331				
	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	egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314					
Enclosed is a check for the following amount:							
	☑ \$25 Filing Fee	<u> </u>	S55 Filing Fee & Certified Copy				
INHS1	8 (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.

1. Na	ame of the limited liability company: Lucas Johnson	on LLC			
	75 N Woodward Ave	(b)	75 N W	oodward Ave	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	#83194		#83194		
	Tallahassee, FL 32313	_	Tallahas	see, FL 32313	
	June 13, 2016		L16000113548		
3.	Date of filing/registration in Florida	4.	<u> </u>	Document number	
5. (a)	Lucas Johnson				
. ()	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta 1325 Snell Isle Blvd NE			::	
	Registered Office Address (MUST BE FLORIDA STREET) #105	ress (MUST BE FLORIDA STREET ADDRESS)			
	St. Petersburg	33704		1 (
(b) .	Lucas Johnson Enter name of NEW Registered Agent and/or NEW Registered Office address: 75 N Woodward Ave				
	#83194				
	Tallahassee, FL	32313			
the cha agent v was/we	imited liability company is not organized under the landinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members coles of organization or the operating agreement of the	the regis ability con of the limi	tered office mpany, it is ited liability	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in	
	ture of a member or authorized representative of a member	Luc	as Johnso	on	
				Printed or typed name of signee	
I herel provisi the obli to mere notified	by accept the appointment as registered agent and agi ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I I in writing of this change.	ree to act performa d for in C hereby co	in this cape ance of my o hapter 605 onfirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	

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

Signature of Registered Agent