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(((H19000159052 3)))



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## LLC REGISTERED AGENT CHANGE LMT INVESTMENTS LLC

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H190001590523

## 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	me of the limited liability company: LMT INVEST	MENTS L	rc
2. (a)		_ (b)	
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	445 MALAGA AVE		<del>, _</del>
	CORAL GABLES, FL 33134		
	06/13/2016	L1:	6000113973
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	LEGALING CORPORATE SERVICES INC.		
. (4)	Registered Agent and Registered Office shown on the records of the	e Florida De	of. of State:
	5237 SUMMERLIN COMMONS BLVD STE	400 °	
	Registered Office Address (MUST BE FLORIDA STREET A.	DDRESS)	<del></del>
	FORT MYERS	33907	····
	FL)		
(b) _	ROCKET LAWYER CORPORATE SERVICE	S LLC	, , , , , , , , , , , , , , , , , , ,
(0)	Enter name of NEW Registered Agent and/or NEW Registered (	Office address	三 一
	155 OFFICE PLAZA DRIVE, 1ST FLOOR		
	NEW Registered Office Address:	<del></del>	<u> </u>
		<del></del>	<del></del>
	TALLAHASSEE	32301	<sup>27</sup> ω
	, FL		
the li	mited liability company is not organized under the laws	of the Stat	te of Florida, it is hereby confirmed that after
gent w	nge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liab	ility compa	any it is hereby confirmed that the change(s)
as/we	refauthorized by an affirmative vote of the members of eles of organization or the operating agreement of the li	the limited	liability company or as otherwise provided in
7	1421.e. Xould		my company. A SCHOLL, AUTHORIZED REPRESENTATIVE
Signati	are of a member or authorized representative of a member		Printed or typed name of signes
e obli mere	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to act in t erformance for in Chap ereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept over 605, F.S. Or, if this document is being filed to the the limited liability contents.

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