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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:\_\_\_\_

## LLC REGISTERED AGENT CHANGE LRS SPA, LLC

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M. SOLOMON

APR 15 2024

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## 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.

(a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limite (Note: MAY BE POS	d liability company:
	01/04/13		6000121610	
	Date of filing/registration in Florida	4.	Document number	
(a)	C T CORPORATION SYSTEM			
(4)	Registered Agent and Registered Office shown on the records of			
	1200 SOUTH PINE ISLAND ROAD			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		<del> </del>	
				67
	PLANTATION	L 33324	<del> </del>	<del></del>
		L	<del> </del>	1. 01
(b)	Registered Agents Inc			<u> </u>
, - ,	Enter name of NEW Registered Agent and/or NEW Registered Office address:		<u>w</u> :	
	7901 4th St N			٠٠ ن <i>ـ</i>
	NEW Registered Office Address:		<del></del>	
	STE 300			
	St. Petersburg	.L_33702		
cha ent w s/we artic	mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cless of organization or the operating agreement of the $\frac{1}{k}$ - $\frac{1}{k}$	aws of the Sta of the register liability comp of the limite	red office and the business of pany, it is hereby confirmed to d hability company or as oth offity company.	ffice of the registero that the change(s)
signat	une of a member or authorized representative of a member		Printed or typed name of	of signee
ierel.	by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet igations of my position as registered agent as provid tly reflect a change in the registered office address.	gree to act in e performanc	this capacity. I further agre se of my duties, and I am fam	e to comply with the siliar with and accep