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COVER LETTER

_	ision of Corporations		
SUBJECT:	Havana Lovina, LLC		
		e of Limited Lia	bility Company
Dear Sir or I	Madam:		
The enclosed	d Registered Agent/Registered Offi	ce Change and f	Fee(s) are submitted for filing.
Please return	n all correspondence concerning thi	s matter to the fo	ollowing:
Patrice A.	Tedescko, Esq.		
10.31.50	Name of Person		
Myron E.	Siegel, P.A.		
	Firm/Company		_
1055 S. F	ederal Hwy		
	Address		_
Hollywood	d, FL 33020		
	City/State and Zip Code		_
patrice@s	siegelaw.com		
E-mail	address: (to be used for future annual	ual report notific	cation)
For further i	nformation concerning this matter,	please call:	
Patrice A.	Tedescko	954 at (703-1653
	Name of Person		Area Code & Daytime Telephone Number
	REET/COURIER ADDRESS:	MA	ILING ADDRESS:
	istration Section	Registration Section	
	ision of Corporations	Division of Corporations P.O. Box 6327	
	ton Building 1 Executive Center Circle		
	ahassee, Florida 32301	1 811	ahassee, Florida 32314
Enc	losed is a check for the following	amount:	
☑ \$	25 Filing Fee	□ \$5:	5 Filing Fee & Certified Copy
INHS18 (2/14	4)		



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 16, 2016

PATRICE A REDESCKO, ESQ 1055 S FEDERAL HWY HOLLYWOOD, FL 33020

SUBJECT: HAVANA LOVINA, LLC

Ref. Number: L16000180806

2017 JAN -5 PM 1: 19

We have received your document for HAVANA LOVINA, LLC and your check(s) totaling \$450.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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 (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 216A00026821

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.

l. (a)		(b)			
. , .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `]	Mailing address of limited (Note: MAY BE POST		
	1055 S. Federal Hwy		1055 S.	Federal Hwy		
	Hollywood, FL 33020	_	Hollywo	od, FL 33020		
	9/28/2016		L160001	80806		
	Date of filing/registration in Florida	4.		Document number		
i. (a)	Myron E. Siegel					
. (4)	Registered Agent and Registered Office shown on the records of	the Florid	da Dept. of Stat	- e:		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	<u></u>	-		
	1920 E. Hallandale Beach Blvd, Suite 801					
	Hallandale Beach , FL	33009	9	- (19) (**) (**)	17 J	
(b)	Myron E. Siegel			HASS	JAN -5	ř***
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	- الله الله الله الله الله الله الله الل	. C)	•
	Myron E. Siegel, P.A.			AKSSEE, EEDRIO	ि । स	1
	NEW Registered Office Address:			-	2	
	1055 S. Federal Hwy		-	_		
	Hollywood , FL	33020)	_		
he cha igent was/we he arti Signat	mited liability company is not organized under the law age or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of cless of organization or the operating agreement of the united in a member or authorized representative of a member o	the regability of the limited	sistered office company, it is mited liability liability con ATRICE	e and the business off s hereby confirmed the y company or as other mpany. The Experimental of the confirmed or typed name of typed	fice of that the corwise p	the registers change(s) rovided in
	ons of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.	perjori	nance of my	aunes, ana ram jami 5 ES Or if this doc	uar wu ument i	n ana acce