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S. WARREN JUN 3 0 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LA Le Dora Name of Lir	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
Name of Person	750N)
Firm/Company	
1236 (U)CC: 57 Address ()	<u>·</u>
City/State and Zip Code	-92 Z
• • • • • • • • • • • • • • • • • • • •	
E-mail address: (to be used for future annual Jepo	ail. Comport notification)
For further information concerning this matter, please of	eall:
Jennter Caronal	321, 480 986 T
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amoun	t:
√ S25 Filing Fee	☐ \$55 Filing Fee & Certified Conv

INHS18 (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.

ne of the limited liability company: LAKE DORY? LLC
1236 WKing 5-t (x coa) (b)
Principal office address of fimited liability company: (Note: MUST BE STREET ADDRESS) 3.27 (Note: MAY BE POST OFFICE BOX)
10 / 11 / 2016 L 16000 i 88347 Date of filing/registration in Florida 4. Document number
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Soi Each Soi Each Registered Office Address MUST BE FLORIDA STREET ADDRESS) 3490 MS TOWN Coco Fl. 32926 Senon Ser Carson Enter name of NEW Registered Agent and/or NEW Registered Office address: MEW Registered Office Address: MEW Registered Office Address: Coco Fl. 32927
nited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after age or changes are made, the Florida street address of the registered office and the business office of the registered all be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in less of organization or the operating agreement of the limited liability company. Printed or typed name of signee **Accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ass of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address. I hereby confirm that the limited liability company has been in writing of this change.

Division of Corporations • P.O. Box 6327 • Tallahassee, F1, 32314 FILING FEE: \$25.00