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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
(experience)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
·							
(Document Number)							
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J. LEGGETT JUN 07 2018

COVER LETTER

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INHS18 (2/14)

	Registration Section Division of Corporations						
SUBJEC	LAPIS LLC ECT:						
		ne of Limited	Liability Company				
Dear Sir	or Madam:						
The enclo	osed Registered Agent/Registered Off	ice Change a	nd fee(s) are submitted for filing.				
Please re	turn all correspondence concerning th	is matter to th	ne following:				
LUIGI F	RUSSO						
	Name of Person						
LAPIS I	LLC						
	Firm/Company						
800 CL	AUGHTON ISLAND DR APT#1	303					
	Address						
MIAMI/I	FLORIDA 33131						
	City/State and Zip Code						
LUIGIR	USSO.LRA@GMAIL.COM						
E-n	nail address: (to be used for future ann	ual report no	tification)				
For furth	er information concerning this matter.	please call:					
LUIGI F	RUSSO	305 at (570-76-08				
	Name of Person	\	Area Code & Daytime Telephone Number				
R II C 2	Registration Section Division of Corporations Hifton Building 661 Executive Center Circle Fallahassee, Florida 32301] [[MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314				
Enclosed is a check for the following amount:							
•	\$25 Filing Fee	ū	☐ \$55 Filing Fee & Certified Copy				

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.

. Na	ame of the limited liability company:	LLC				
l. (a)	800 CLAUGHTON ISLAND DR APT#	1303	(h)			
. (4)	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	MARCH 02 2017		L170	00049489		
	Date of filing/registration in Florida		4.	Document ni	ımber	
. (a)	LEGALINC CORPORATE SERVICE	INC				
	Registered Agent and Registered Office shown on the re	ecords of th	e Florida Dept. c	of State:		
	5237 SUMMERLIN COMMONS STE	400				
	Registered Office Address (MUST BE FLORIDA S	STREET AI	ODRESS)			සා
	FORT MYERS	FL_	3907			
	LUIGI RUSSO				: :	5 医心49
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW R</u>	<u>legistered ()</u>	Office address:		•	₹,
	800 CLAUGHTON ISLAND DR APT#1303				ı	49
	NEW Registered Office Address:					
	MIAMI	. FL 3	3131			
ie cha gent v as/we	imited liability company is not organized unde inge or changes are made, the Florida street ad will be identical. Or, in the case of a Florida li- ere authorized by an affirmative vote of the me cles of organization or the operating agreemen	er the faws ldress of the mited liab embers of	of the State he registered office company the limited lin	office and the busing, it is hereby confi ability company or y company.	ness office irmed that t	of the registere he change(s)
Signat	ture of a member or authorized representative of a memb	er		Printed or types	d name of sign	nec
rovisi he ohl o mere	by accept the appointment as registered agent ons of all statutes relative to the proper and ex- igations of my position as registered agent as I'v reflect a change in the registered office add I'v witting of this change?	amalala n	arfarmantea a	time duties and be	on tomilizor	with and arrest

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