L17000067772

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	⇒ #)			
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SECRETARY OF STATE
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K SALY APR 11 2018

COVER LETTER

Division of Corporations		
LB3 Group LLC		
SUBJECT: Name of	f Limited Liability Company	
Dear Sir or Madam:	•	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Lior Bendat		
Name of Person		
LB3 Group LLC		
Firm/Company	 	
801 S Olive Ave, Ste 110		
Address		
West Palm Beach, FL 33401		
City/State and Zip Code		
lior@lb3group.com		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, ple	ase call:	
Lior Bendat	561 299-0453 at ()	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following am	ount:	
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	
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

1 N	ame of the limited liability company:	Lb3 Group LLC			
2. (a)	801 S. Olive Avenue		(b)		
2. (a)	Principal office address of limited li (Note: MUST BE STREET) Ste 111			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	West Palm Beach, FL 33401				
	03/24/2017		L1700	0067772	
 (a) 	Date of filing/registration in LEGALINC CORPORATE SE		4.	Document number	
J. (u)	Registered Agent and Registered Office sho 5237 SUMMERLIN COMMOI		e Florida Dept. of	State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) SUITE 400			~ ~ 6	
	FORT MYERS	, FL	33907		
(b)	Lindsey Bendat			TABY OF SEELS	
(0)	Enter name of NEW Registered Agent and	or NEW Registered (Office address:		
٠	801 S Olive Ave			10 2: 3	
	NEW Registered Office Address: Ste 111			— <u> </u>	
	West Palm Beach	, FL_	33401		
the cha agent v was/we the arti	ange or changes are made, the Florida will be identical. Or, in the case of a ere authorized by an affirmative vote icles of organization or the operating fure of a member or authorized representative	street address of t Florida limited liab of the members of agreement of the li	he registered of pility company, the limited liab imited liability	Printed or typed name of signee	
to meri notified	ely reflect a change in the registered d in writing of this change.	office address, I he	ereby confirm th	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been	
Signatu	re of Registered Agent				
	Division of Corp	orations• P.O. Bo FILING FE		hassee, FL 32314	