## L17000094237

(Re	questor's Name)					
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S. YOUNG



## COVER LETTER

TO:	Registration Section Division of Corporations	•
SUBJE	CT: LCLI Jellen Des/	EN LLC
3000	Name of Limi	ted Liability Company
Dear S	r or Madam:	
The en	closed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter t	o the following:
	LOFI Seller	<u> </u>
	Name of Person	
· · · · · · ·	Firm/Company	<del></del>
	142 ROSALIA COUNT	
	Address	
	JupiTur, 72 33475 City/State and Zip Code	
	City/State and Zip Code	
	LORI Fe/RE CIESISME SMAIL  -mail address: (to be used for future arinual report	notification)
For its	rther information concerning this matter, please co	all:
	Name of Person	Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the following amoun	ı: 
	□ \$25 Filing Fee	S55 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.

submits t	ne of the limited liability company:  11 A Ros ALIA Court Jupit  Principal office address of limited liability compan	egisterea tijjice t	/ les /	25160	· / 266	_
1. Nam	ne of the limited liability company:	r, 71 337	78 000	Post Alia	coint	501, 140-7
2. (a) _	Principal office address of limited liability compan	(b)	Maili ( <u>N</u> e	ng address of lim ote: MAY BE P	nited liability c	ompany:
<i>S</i> .	14) POSALIA CONST		172	RESPLI	A COU	e T
NECE	Junty 74 33478		JUP,	Ter, 74	33	478
	1/2/2017		4170	00099	237	
3.	Date of filing/registration in Florida	4.		cument numb	er	
5 (2)	Registered Agent and Registered Office shown on the rec					
: LA WAS	Registered Agent and Registered Office shown on the rec  114 TRISTINA BAUF B  Registered Office Address MUST BE FLORIDA ST	ords of the Florida	Dept. of State:	TL 339%	<i>j</i> -	a)
	Registered Office Address (MUST BE FLORIDA ST	( A TI	<u>!</u>			3333
شــــــــــــــــــــــــــــــــــــ	2'- MOSANA BLUF UNIT	1 36			Ĉ	2020 NOV
WHS .	Jup. TE	, FL <u> 3 5 9</u>	<u> </u>			)
(b)	Enter name of NEW Registered Agent and/or NEW Re	egistered Office ad	dress:		Ç	30 S 40 S
NEW	NEW Registered Office Address:					
15:	142 ROSALIA COURT					
	typiTer	, FL	478			
chang agent	e limited liability company is not organized under ge or changes are made, the Florida street address twill be identical. Or, in the case of a Florida liwere authorized by an affirmative vote of the merticles of organization or the operating agreement	er the laws of the ss of the register mited liability of embers of the li	e State of Flor red office and ompany, it is l nited liability liability comp	hereby confirm company or a	ned that the s otherwise	change(s) provided in
Sign	mature of a member or authorized representative of a member	ber				
I her provi the o to me notifi	reby accept the appointment as registered agent issions of all statutes relative to the proper and cobligations of my position as registered agent as verely reflect a change in the registered office and filed in writing of this change	t and agree to a complete perfort provided for in Idress. I hereby	et in this capac nance of my di Chapter 605. confirm that th	city. I further uties, and I ar F.S. Or, if th he limited liab	agree to co n familiar w is document sility compa	mpty with the with and accept t is being filed my has been
Sign:	nature of Registered Agent Vewarp B Silve	<del></del>				
•						

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00