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JUN 28 2019

COVER LETTER

O: Registration Section Division of Corporations						
SUBJECT: LENNOX Apparel LLC Name of 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 matter to the following:						
Keagan Rogart Name of Person						
Lennox Apparel LLC Firm/Company						
Firm/Company ZZZI Orange Ave E Unit 1215 Address Tallanassee FL 32311						
Tallahassee FL 32311 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Keagan Bogart at (813) 707-4805 Name of Person Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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 amount:						
\$25 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

Florida				
I. Na	me of the limited liability company: Lennox	Aρ	parel	LLC
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) PIGN+ CITY FL 33563		2221	Orange Ave E Unit Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) OUSSE E FL 32311
3.	O 14 2017 Date of filing/registration in Florida	4.	LITO	DOC129823 Document number
5. (a)	United States Corporation Ager Registered Agent and Registered Office shown on the records of the	115 e Florida	Dept. of State	::
	13302 Winding Oak Court A Registered Office Address (MUST BE FLORIDA STREET AL			
	Tampa .fL	33 <i>6</i>	12	2019
(b)	KEAGAN BOGARH Enter name of NEW Registered Agent and/or NEW Registered C	Office ado	lress:	APPROVE AND FILED FILED FILED FILED
	ZZZI Orange Ave E Unit NEW Registered Office Address:	121	<u>.</u>	PH 12: 32
	Tallahassee .FL	323	11	
the cha agent w was/we the artic	mited liability company is not organized under the lawsinge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the li	he regis pility co the lim imited l	tered office mpany, it is ited liability lability com	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany.
-m	ure of a member or authorized representative of a member	_Z	016	BOONY + Printed or typed name of signee
	ure of a menifer or authorized representative of a member by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Keagan Bagart
Signature of Registered Agent