## LI7000155290

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DEC 21 2020

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LWLR, LLC Name of Limite	d 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	_
Stewar Liebling Name of Person	
LWLR, LLC Firm/Company	
12991 SW 71 AVC	
MIAM, FL 33156  City/State and Zip Code	
E-mail address: (to be used for future annual report no	otification)
For further information concerning this matter, please call:	
Lynn Wiener at (3) Name of Person	05, 7332100 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 amount:	
☑ \$25 Filing Fee	1 \$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.

L. Na	ame of the limited liability company: LWLK L	LC	
2. (a)	3 OG GVGh AV # 282 (b) Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	3109 Grana Ave #28  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	'.2
	Migny, FL 33133	HI WILL FE 33133	
3.	$\frac{7/19/2017}{\text{Date of filing/registration in Florida}} = 4.$	L17000155290  Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dep  (-706)   200   200   410   820    Registered Office Address   MUST BE FLORIDA STREET ADDRESS)		. ::2:
(b)	Coral Gancs FL 33)  5-few 67 Lieby 107  Enter name of NEW Registered Office address	<u>43</u>	S Pil C
	12991 SW 71 AVE  NEW Registered Office Address:		
	Mani n 331	<u>—</u> 56	
change agent w was/we	limited liability company is not organized under the laws of the State or changes are made, the Florida street address of the registered of will be identical. Or, in the case of a Florida limited liability compaere authorized by an affirmative vote of the members of the limited icles of organization or the operating agreement of the limited liabil	Tice and the business office of the registered iny, it is hereby confirmed that the change(s) Itability company or as otherwise provided in	
Signat	ITHE OF a member or authorized representative of a member	Printed or typed name of signee	
I herel provision the oblition mere	by accept the appointment as registered agent and agree to act in the ions of all statutes relative to the proper and complete performance ligations of my position as registered agent as provided for in Chaplety reflect a change in the registered office address. I hereby confir d in writing of this change	nis capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is heing filed m that the limited liability company has been	
Signatur	Cor Registered Agent		

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