## L17000198064

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PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
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Certified Copies	_ Certificates	of Status	
Special Instructions to I			
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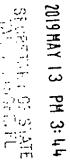
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S TALLENT MAY 29 2019



## COVER LETTER

TO: Registration Section Division of Corporations				
LouHen, LLC SUBJECT:				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning th	is matter to the following:			
Richard Schexnider				
Name of Person				
LouHen, LLC				
Firm/Company				
325 East 41st Street. #902				
Address	<del></del>			
New York, New York 10017				
City/State and Zip Code				
richschex@gmail.com	$\checkmark$			
E-mail address: (to be used for future ann	nual report notification)			
For further information concerning this matter.	please call:			
Richard Schexnider	646 373-4067			
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	amount:			
2 S25 Filing Fee	S55 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.

L N	ame of the limited liability company: LouHen, LLC	. <u> </u>	<u> </u>
2. (a)		(b)	
= ( ( , ,	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)	_ (0)	Mailing address of limited liability company.  (Note: MAY BE POST OFFICE BOX)
	325 East 41st Street, #902		
	New York, New York 10017		
	09/25/2017	L	17000198064
3.	Date of filing registration in Florida	4.	Document number
5. (a)	CORPORATION SERVICE COMPANY		
., (11)	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET)  1201 HAYS STREET	<u>ADDRESS)</u>	2019 HAY 13
	TALLAHASSEE FL	32301	
(b)	Christopher Albanese		B PH 3: H
	Enter name of <u>NEW Registered Agent</u> and or <u>NEW Registered</u>	Office addr	
	NEW Registered Office Address:	<del></del>	
	777 NE 62nd Street,#CPH4		<del></del>
	Miami FL	33138	
the changent was with the art Signa I here provis the object of mer	limited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lisere authorized by an affirmative vote of the members of icless of organization or the operating agreement of the number of a member of authorized representative of a member of the appointment as registered agent and agricious of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. It is din writing of this change.	the register ability constitution of the limit limited line.	ered office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company.  Scheme T. Scheme Thinted or typed name of signee at this capacity. I further agree to comply with the

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00

Signature of Registered Agent