Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ICONNECT SOLUTIONS CORP

Account Number : I20190000122

Phone : (407)863-0096 Fax Number : (407)612-2181

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

 Address:	

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## LLC REGISTERED AGENT CHANGE LULI AND LENA LLC

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## COVER LETTER

FO: Registration Section Division of Corporations	
LULI AND LENA LLC	
SUBJECT: Name of I	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.
lease return all correspondence concerning this mat	tter to the following:
EMERSON CORREA	· · · · · · · · · · · · · · · · · · ·
Name of Person	
ICONNECT SOLUTIONS CORP	•
Firm/Company	
6735 CONROY ROAD STE 309	
Address	
ORLANDO, FL 32835	
City/State and Zip Code	
EMERSON@ICONNECTSC.COM	
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, plea	ise call:
EMERSON CORREA	407 863-0096
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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 amo	ount:
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.

(a) .	me of the limited liability company: COLFARD ELIKA 11865 ALDENDALE STREET		(A) 6735 CONROY ROAD STE 219 ORLANDO.FL 3283:			
(4).	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
	10/30/2017	·.	L17000224	4432		
	Date of filing/registration in Florida	4.		Document nur	nber	
(a)	ICONNECT SOLUTION CORP	•		•		
(4)	Registered Agent and Registered Office shown on the records of the	æ Floric	a Dept. of St	ate:		
	Registered Office Address	DORES	<u></u>		2021 C	
	ORLANDO FL	32835		· · ·	PIJ. 2021 JUN - 2 ALLAHASSE	
(b)					HLED -2 AH SKELFI	
. ,	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	• • •	<b>S</b> 9	
	ICONNECT SOLUTION CORP				0.8 10.4	
	NEW Registered Office Address:					
	6735 CONROY ROAD STE 309					
	ORLANDO, FL_	32835				
ange ent v is we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of celes of organization or the operating agreement of the	vs of th registe bility of the li limited	red office a sompany, it mited liabil liability co	and the business t is hereby confii hity company or company.	med that the change(s)	
	1 my	ΛI	.VARO PAI	EZ JUNQUEIRA	I name of signee	
here	ture of a member or authorized epresentative of a member by accept the appaintment as registered agent and agre- ions of all statutes relative to the proper and complete f igations of my position as registered agent as provided cly reflect a chappe in the registered office address, I he	perjori Hor in	nance oj m Chapter 6	apacity. I further y duties, and I a 05 F.S. Or. if th	r agree to comply with the in familiar with and acceptions document is being filed	