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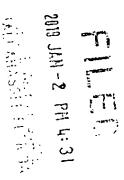
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COVER LETTER

TO: Registration Section Division of Corporations				
Let	si, LLC			
SUBJECT:		Limited Liability Company	·	
Dear Sir or Madam:				
The enclosed Registered A	Agent/Registered Office Ch	nange and fee(s) are submitted for filing.		
Please return all correspon	ndence concerning this mat	ter to the following:		
LYNN M	DANESI Jame of Person			
F	irm/Company			
	St. Address			
<u>Belleair</u>	Beach FL State and Zip Code	33786	2019 JAN - 2	e :
Letsille e gmail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:				
For further information concerning this matter, please call: $\frac{\omega}{\omega}$)	
Lywn M J	* ********************************	(727) 612-7456		
	TER ADDRESS: ion orations Center Circle	Area Code & Daytime Telepho MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	one inumber	
Enclosed is a che	eck for the following amou	unt:		
\$25 Filing Fee		☐ \$55 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

rioriaa	l.	_
1. Na	me of the limited liability company: Lets, LL	<u>C</u>
2. (a)	LYNN DANES! (b)	LYNN DANESI
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	111 8th St	11) Sth St
	Belleair Beach FL 33786	Dala Dand Til
	Bellear Black FL 30100	Becleair Back PC3
	12/9/17	L 17000 251425
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	United States Corporation Agents	. Inc
()	Registered Agent and Registered Office shown on the records of the Florida Dep	e of State:
	13302 Winding Oak Cou	<u>irt</u>
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	÷ 29
	<u></u>	
	<u>lampa</u> .fl 356	2/2
41.5	LYNN M. DANESI	No.
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address	
	NEW D. January Office Alberta	<u></u>
	NEW Registered Office Address:	
	111 0 30.	<u> </u>
	Belleair Beach FL 33	786
	imited liability company is not organized under the laws of the Stat	
agent w	nge or changes are made, the Florida street address of the registere will be identical. Or, in the case of a Florida limited liability compa	any, it is hereby confirmed that the change(s)
was/wc	ere authorized by an affirmative vote of the members of the limited cles of prganization or the operating agreement of the limited liabi	liability company or as otherwise provided in
عر		LYNN M. DANES! Printed or typed name of signee
Signar	ure of a member of authorized representative of a member	Printed or typed name of signee
l herel proviși	by accept the appointment as registered agent and agree to act in t ons of all statutes relative to the proper and complete performance	his capacity. I further agree to comply with the e of my duties, and I am familiar with and accept
the obli to ngre	ons of all statutes relative to the proper and complete performance igations of my position as registered agent as provided for in Chapely reflect a change in the registered office address. I hereby confi	oter 605, F.S. Or, if this document is being filed in that the limited liability company has been

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

Signature of Registered Age