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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)866-2689

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

Email Address: Documents@Incorp.com

LLC REGISTERED AGENT CHANGE LBF HOLDINGS, LLC

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J. 13/V

TO:

COVER LETTER

TO:	Registration Section Division of Corporations						
ČT ID I	LBF Holdings, LLC						
SUBJ	Name of Limited Liability Company						
Dear :	Sir or Madam:	•					
The e	nclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.					
Please	e return all correspondence concerning	this matter to the following:					
	JeanMarie Meyer						
	Name of Person						
	InCorp Services, Inc.						
-	Firm/Company	·					
	3773 Howard Hughes Pkwy.Si	uite 500\$					
	Address						
	Las Vegas, NV 89169-60	014					
	City/State and Zip Code	e					
	Jean.Meyer@Incorp.co	om					
-	E-mail address: (to be used for future a	annual report notification)					
For fi	urther information concerning this matt	ter, please call:					
Jea	ınMarie Meyer	at (702) 866-2500					
	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	Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					
INHS	18 (2/14)						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compositions the following statement in order to change its registered office or registered agent, or both, in the State Florida.

1.	Nε	me of the limited liability company: LBF Holding	s, LLC				
	(a)	·		(b)			
۷.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		<u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		3308 21st St W		P.O. Box	1195		
		Lehigh Acres, FL 33971		Lehigh Ad	pres, FL 33971		
					1		
		01/03/2018		L18000002	2519		
3.		Date of filing/registration in Florida	4.	-	Document number		
5.	(a)	NAEF, RODNEY H					
٠.	(4)	Registered Agent and Registered Office shown on the records	of the Flor	ida Dept, of State	:		
		17888 67Th Court North					
		Registered Office Address IMUST BE FLORIDA STREE	TADDRE	<u>:SS)</u>			
		_			TA 20		
		Loxahatchee,	FL	33470	ZONO HAR		
	(b)	InCorp Services, Inc.					
		Enter name of NEW Registered Agent and/or NEW Register	red Office	address:			
		17888 67th Court North		•	PR 1:42		
		NEW Registered Office Address:			12		
					•		
		Loxahatchee	FL	33470			
			<u>-</u>				
the ag	e cha ent v as/we	mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of t	of the re liability s of the l	gistered office company, it is imited liability	and the business office of the register. hereby confirmed that the change(s) company or as otherwise provided in		
		of Wary	<u>R</u>	odney Naef			
	_	ure of a member or authorized representative of a member			Printed or typed name of signee		
pr to no	oviși obli nigre tified	by accept the appointment as registered agent and a cons of all statutes relative to the proper and completing ations of my position as registered agent as providing the constant of the proper and completing to my position as registered office address, in writing of this change. JeanMarie Meyer on	ded for it I hereby	mance of my a n Chapter 605, confirm that t	F.S. Or, if this document is being file he limited liability company has been		
.Si	gnātu	e of Régistered Agent					
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00							