L180000 22589

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(Address)				
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REFAIRY OF STATE LLAHASSEE, FL

2/12/19

DC

COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: LENIS RAMOS LLC								
	Name of Limited Liability Company							
Dear Sir or Madam:								
The enclosed Registered Agent/Registered	Office Change and f	ee(s) are submitted for filing.						
Please return all correspondence concerning	ng this matter to the fo	ollowing:						
KENNY TEJEDA								
Name of Person		_						
Firm/Company		_						
8870 N HIMES AVE 105								
Address		_						
TAMPA, FL 33614		_						
City/State and Zip Co	de	-						
KLTEJEDA@GMAIL.COM								
E-mail address: (to be used for future	annual report notific	cation)						
For further information concerning this ma	itter, please call:							
KENNY TEJEDA	813 at (474-6786						
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	Reg Divi P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amount:								
☑ \$25 Filing Fee	□ \$55	☐ \$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

1. Na	me of the limited liability company: LENIS RAMC	S LLC	0		
2. (a)	7853 GUNN HWY	(b) 7853 GUNN HWY			
(,	Principal office address of limited liability company: (Note: MUST_BE STREET_ADDRESS)	_			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	152		_	152	
	TAMPA, FL 33626	_	-	TAMPA,	, FL 33626
	01/25/2018		L	1800002	22589
3.	Date of filing/registration in Florida	4.	_		Document number
5. (a)	REGISTERED AGENTS INC.				
(4,	Registered Agent and Registered Office shown on the records of 3030 N ROCKY POINT DR	the Flori	da L	Pept. of State	- e:
	Registered Office Address (MUST BE FLORIDA STREET A	1DDRE.	<u>SS)</u>		- - **
	TAMPA	3360	7		2019 FEB -4 SECRETAR
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 8870 N HIMES AVE 105 <u>NEW Registered Office Address:</u>	Office	idar	<u>ess</u> :	PH 5: 13 SSEE, FL
	TAMPA , FI.	3361	4		-
the cha agent v was/wa	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the repaility of the li	giste con imit	ered offict npany, it i ed liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	Vindin	KI	EN	NY TEJI	
	ture of a member or authorized representative of a member				Printed or typed name of signee
provisi the obi to mer notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I do not writing of this change.	perfor d for ir	mar 1 CI	ice of my apter 605	duties, and I am familiar with and accept 5. F.S. Or. if this document is being filed
	Division of Corporations P.O. I	Box 63	27•	Tallahas	ssee, F1. 32314

FILING FEE: \$25.00

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INHS18 (2/14)