

K18000040337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

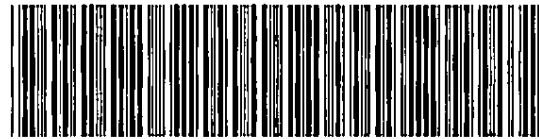
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2021 OCT 28 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

LCAVI LLC

SUBJECT: _____
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LYNDSAY McBETH

Name of Person

LCAVI LLC

Firm/Company

2450 HOLLYWOOD BLVD, STE 502

Address

HOLLYWOOD FL 33020

City/State and Zip Code

l.mcbeth@icloud.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LYNDSAY McBETH

305

7786480

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

1. 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.

LCAVI LLC

1. Name of the limited liability company: _____
2450 HOLLYWOOD BLVD. 2450 HOLLYWOOD BLVD.
2. (a) _____ (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

STE 502, HOLLYWOOD FL 33020

STE 502, HOLLYWOOD FL 33020

02/14/2018

L18000040337

3. Date of filing/registration in Florida 4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
2750 NE 183RD ST, APT 2803, AVENTURA FL 33160

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

, FL

(b)

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

LYNDSAY McBETH

NEW Registered Office Address:

2450 HOLLYWOOD BLVD, STE 502

HOLLYWOOD

33020

, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

ALVARO ALLENDE

Signature of a member or authorized representative of a member

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
2021 OCT 28 PM 3:45
TALLAHASSEE, FL
SECRETARY OF STATE