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## **COVER LETTER**

INHS18 (2/14)

TO: Registration Section Division of Corporations	
LeMay Properties Group L	LC
	ame of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Lauren LeMay	
Name of Person	
LeMay Properties Group LLC	
Firm/Company	
322 E Pine St	
Address	· · · · · · · · · · · · · · · · · · ·
Orlando, FL 32801	
City/State and Zip Code	
Lauren@lemayproperties.com	
E-mail address: (to be used for future a	nnual report notification)
For further information concerning this matter	er, please call:
Ana Rodriguez	407 818-8740
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	ng amount:
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

## 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 compa submits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

1. N	ame of the limited liability company: LeMay P	roperties G	roup LLC			
2. (a)	300 F Pina St	(F	322 E P	Pine St		
Σ. (α)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)			Mailing address of limit (Note: MAY BE PO.	•	
	Orlando, FL 32801		Orlando	, FL 32801		
	···				•	
		. <u> </u>				
	03/08/2018		L1800006	60999		
3.	Date of filing/registration in Florida	4.		Document number	•	
5. (a	Lauren Lemay					
()	Registered Agent and Registered Office shown on the recor	rds of the Florida	Dept, of State	- e:	253	19
	LeMay Properties Group LLC			_	<u></u>	SEP
	Registered Office Address (MUST BE FLORIDA STR	PEET ADDRESS	<u> </u>		*	3
	924 N Magnolia Ave Suite 344			_		•
	Orlando	_ <sub>, FL</sub> _32803				골 C 항
		_,,		_	I MIAL JEL JELJE JA	
(b)				_	* 24	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	stered Office ad	dress:			
	NEW Registered Office Address:			-		
	322 E Pine St			_		
	Orlando	<sub>FL_</sub> 32801	<b>-</b> .	_		
the chagent was/w	limited liability company is not organized under the ange or changes are made, the Florida street addressill be identical. Or, in the case of a Florida limit were authorized by an affirmative vote of the membricles of organization or the operating agreement of	ess of the regi ted liability co bers of the lin	stered office ompany, it in nited liabilit	e and the business of s hereby confirmed y company or as of	office of that the	the regist change(s
_(		_ Laı	uren LeMa			
_	ature of a member or authorized representative of a member	,		Printed or typed name	_	
provis the ob to med	why accept the appointment as registered agent an sions of all statutes relative to the proper and compligations of my position as registered agent as property reflect a change in the registered office addressed in writing of this change.	d agree to ac plete perform ovided for in ( ess, I hereby c	t in this cap ance of my Chapter 603 onfirm that	acity. I further agr duties, and I am fai 5, F.S. Or, if this do the limited liability	ee to coi niliar wi ocument compan	mpty with ith and ac is being f iy has bee

Signature of Registered Agent