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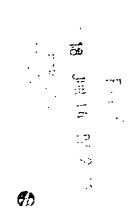
(Re	questor's Name)					
(Address)						
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PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only



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06/14/18--01002--013 **25.00



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	une of the limited liability company: LC ENGINE	EERING (GROUP LI	LC		
2. (a)	CHRISPIN, LOUIS XIV	(h	(b) BELLEUS, SCHMID			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	· ———	failing address of limit (Note: MAY BE POS		
	85 OLIVER ST APT 3F		9531 FO	NTAINEBLEAU	BLV	O APT. 301
	MALDEN, MA 02148		MIAMI, F	L 33172		
	04/24/2018		L1800010	02558		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	CHRISPIN, LOUIS XIV					
- (u)	Registered Agent and Registered Office shown on the records BELLEUS, SCHMID	of the Florida	Dept. of State:	:		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	2			
	5139 W. RIO VISTA AVENUES				တ်	
	TAMPA	_{FL_} 33634			JIH 14	Ţ
(b)	CHRISPIN, LOUIS XIV					
(2)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office ad	dress:		=	**
	BELLEUS, SCHMID			&	2 12	
	NEW Registered Office Address:			V.£		
	9531 FONTAINEBLEAU BLVD APT. 301					
	MIAMI	_{FL} _33172				
the cha agent w was/we	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an aftirmative vote of the members cles of organization or the operating agreement of the	of the regis liability co s of the lim he limited l	stered office impany, it is ited liability	and the business of hereby confirmed company or as oth pany.	ffice o	f the registered e change(s)
Signat	ignature of a member of authorized representative of a member			Printed or typed name	of signe	e
the obli to mere notified	by accept the appointment as registered agent and a constant of all statuted relative to the proper and completing the proper and completing the proper and completing the registered agent as providing the registered office address, I in writing of this change for the registered office address, and the registered of t	ded for in (Japter 605,	. F.S Or, if this do	cumen	t is being filed

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

INHS18 (2/14)