## L18000135592

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## COVER LETTER

TO: Registration Section Division of Corporations	, , , , , , , , , , , , , , , , , , ,
SUBJECT: FERRANDSA CONSA Name	LCONSULTING LLC of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Lvis A. Brito Name of Person	
Firm/Company	
12593 NW 3200 MA	vor
SUNRISE   FL 333. City/State and Zip Code	23
LACISCITO & G-MAIL. C E-mail address: (to be used for future annual	EM al report notification)
For further information concerning this matter, p	lease call:
LVIS BUTO Name of Person	at ( 305 ) 790-2378  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 a	mount:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

## 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.

	ame of the limited liability company: FERRAMS	a following Commission 110
	12593 NW 32 MANOR	(b) 12593 NW 32 MANOR
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) 12 73 NW SE 2 7 0700 Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	SUNRISE, FL 33323	SUNRISE, FL 33323
	06/01/2018	L18000135582
3.	Date of filing/registration in Florida	4. Document number
5. (a)	MARIO FERNADOSA  Registered Agent and Registered Office shown on the records of t	he Florida Dent, of State:
	18800 NE 297 AVE	
	Registered Office Address (MUST BE FLORIDA STREET A	IDDRESS)
	APT 402	
	AVENTURA .FL	33180
		The state of the s
(b)	Luis A. BRITO	<del></del>
	Enter name of NEW Registered Agent and/or NEW Registered	Office address.
	12593 NW 32 ND MANO	R
	NEW Registered Office Address:	
		2222
	SUNRISE FL	<u> </u>
change agent was/w	e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia	rs of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) if the limited liability company or as otherwise provided in limited liability company.
		Printed or typed name of signee
-	ature of a member of authorized representative of a member	,, <u> </u>
provis the ob to mer	by accept the appointment as registered agent and agro ions of all statutes relative to the proper and complete p ligations of my position as legistered agent as provided selv reflect a change in the registered office address. I h d in writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept I for in Chapter 605, F.S. Or, if this document is being filed ereby confirm that the limited liability company has been
Signati	are of Registered Agent	