LI80014	7853			
(Requestor's Name) (Address) (Address)	300413364103			
(City/State/Zip/Phone #)	08/07/2301038003 **915.0 0			
(Document Number) Certified Copies Certificates of Status				
Special Instructions to Filing Officer:	FILED 2023 AUG -7 AM 8: 31 TALLAHASSEE, FLORIDA			
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COVER LETTER

Registration Section TO: **Division of Corporations**

LAUMA, 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:

Holly Nikolich

Name of Person

Mika & Nikolich, PA

Firm/Company

1330 Main Street, 2nd Floor, Office 1

Address

Sarasota, FL 34236

City/State and Zip Code

Holly1@mnfirm.com

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

For further information concerning this matter, please call:

Area Code & Daytime Telephone Number
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

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.

2. (a)	786 S. Orange Avenue, Sarasota, FL 34236	(b	786 S. Ora	inge Avenue, Sarasota, FL 34236			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
				·			
	06/15/2018		L180001478	53			
3. 5. (a)	Date of filing/registration in Florida Margaret Shoaf	4.		Document nun	nber		
	Registered Agent and Registered Office shown on the records 49 N. Washington Blvd., Suite 29	of the Florida	Dept. of State	-			
	Registered Office Address (MUST BE FLORIDA STREE	<u>T ADDRESS</u>	Ł	-			
	Sarasota I	FL					
(b)	Holly Nikolich			-	TĂLL	2023 AUG	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office ad	<u>lress</u> :		AH	AUG	
	1330 Main Street, 2nd Floor, Office 1			-	ASSEE	-	
	NEW Registered Office Address:				•	AM 8:	
	Sarasota	FL ³⁴²³⁶		-	FLORIDA	8: 3 I	
change agent v was/we the arti	imited liability company is not organized under the l e or changes are made, the Florida street address of th will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the under the operating agreement of the strength of a member of a member of a member of a member	he registere liability co s of the lim he limited li	d office and mpany, it is ited liability	I the business of hereby confirm company or a pany.	office of th ned that th s otherwis	e regist e chan e provi	ered ge(s)
provisi the obi to mer-	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, d in writing of this change.	gree to act le performa led for in C I hereby co	in this capa nce of my a hapter 605, nfirm that t	icity. I further luties, and I an .F.S. Or, if thi he limited liab.	agree to c i familiar s documer ility compe	omply v with an at is bei any has	vith the d accept ng filed been

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 F1LING FEE: \$25.00

INHS18 (2/14)

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