L18000/6267/

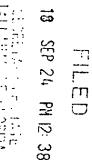
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Ph	one #)		
PICK-UP WAIT	MAIL		
(Business Entity)	Name)		
(Document Number)			
Certified Copies Certifica	ates of Status		
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COVER LETTER

TO: Registration Section Division of Corporations	
LBD Properties, LLC SUBJECT:	
	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	Tice Change and fee(s) are submitted for filling.
Please return all correspondence concerning th	is matter to the following:
Laura Dickerson	
Name of Person	
LBD Properties, LLC	
Firm/Company	
865 Bluebird Dr	
Address	
Delray Beach, FL 33444	
City/State and Zip Code	
laurakmantey@gmail.com	
E-mail address: (to be used for future and	nual report notification)
For further information concerning this matter,	, please call:
Laura Dickerson	561 4148096
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	amount:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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. N	ame of the limited liability company: LBD Properties	es. LLC	
2. (a)			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	865 Bluebird Dr	869	5 Bluebird Dr
	Delray Beach, FL 33444	De	Iray Beach, FL 33444
	07/05/2018	L18	000162671
3.	Date of filing/registration in Florida	4.	Document number
5. (a	1		
<i>3.</i> (u	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	Prosperity Advising Solutions LLC		
	Registered Office Address (MUST BE FLORID 1 STREET	ADDRESS ₁	
	1730 S Federal Hwy Ste 284		
	Delray Beach , , FL	33483	
			SEP 24 PM
(b)			2 L.F
	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:	7 - 7
	Laura Dickerson		$\dot{z} = \dot{z}$
	NEW Registered Office Address:		
	865 Bluebird Dr		
	Delray Beach, FL	33444	
the chagent was/w	limited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization on the operating agreement of the	f the registered lability compa- of the limited l	I office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	/ -) //.		Dickerson
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the of to me	why accept the appointment as registered agent and agentions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I writing of this change.	r performance	of my duties, and I am familiar with and accept
Signal	ure of Registered Agent		