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## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SURII	Ferdinand & Luigiana Holdings, LLC				
CODG		Name of Limited Liability Company			
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning this	s matter to the following:			
Верр	y Landrum Owen				
	Name of Person	<del></del>			
Ferdi	nand & Luigiana Holdings, LLC				
	Firm/Company				
860 [	Dyson Drive				
	Address	<del></del>			
Winte	er Springs, Florida 32708				
	City/State and Zip Code				
	y.owen@alumni.virginia.edu				
1	E-mail address: (to be used for future annu	ual report notification)			
For fu	rther information concerning this matter,	please call:			
Верр	y Landrum Owen	at ( ) 617-0363			
	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			
INHSI	8 (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.

I. Na	me of the limited liability company: Ferdinand & L	_uigiana Hol	dings, LLC
2. (a)	[see below]	(h) [see	e below]
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	860 Dyson Drive	860	Dyson Drive
	Winter Springs FL 32708	Win	iter Springs FL 32708
	July 5, 2018	L180	000162741
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	NRAI SERVICES, INC.		
J. (u)	Registered Agent and Registered Office shown on the records of t	the Florida Dept.	of State:
	1200 SOUTH PINE ISLAND RD		
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS)</u>	20
	<u> </u>		
	PLANTATION , FL	33324	2019 1511
	Beppy Landrum Owen		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	Mil 10: 59
	The name of the state of the st		ā, ·
	860 Dyson Drive		59
	NEW Registered Office Address:		
	Winter Springs	32708	<del>_</del>
	Winter Springs , FL	32708	<del></del>
the cha agent was/w	imited liability company is not organized under the laying or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the registered ability compar of the limited l	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in
(		BODD	/Landrum Owen Printed or typed name of signee
_	nture of a member or authorized representative of a member		,,
provis the ob- to mer	by accept the appointment as registered agent and aggions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act in the performance of for in Chapt hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed n that the limited liability company has been
Signati	are of Registered Agent		
C.P.	E. 4. 0. 1.4B.00.21.21.4.4B.00.		

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