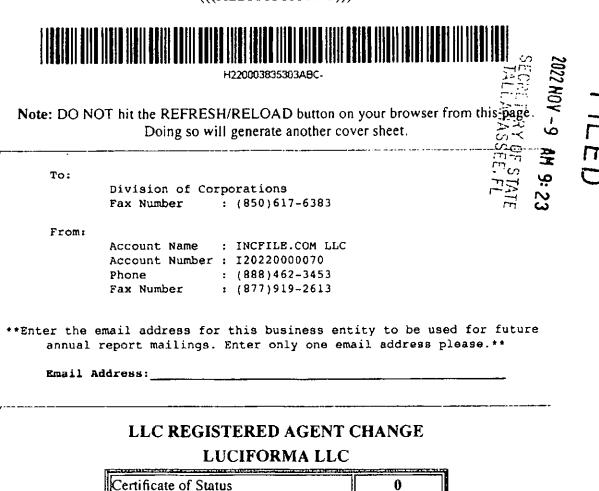
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000383530 3)))



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COVER LETTER

TO: Registration Section Division of Corporations		
LUCIFORMA LLC SUBJECT:		
	ne of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ice Change a	nd fee(s) are submitted for filing.
Please return all correspondence concerning thi	is matter to t	he following:
LOVETTE DOBSON		
Name of Person		
INCFILE.COM LLC		
Firm/Company		 -
17350 STATE HWY 249 #220		
Address		
HOUSTON, TEXAS 77064		
City/State and Zip Code		
EFILE1234@INCFILE.COM		
E-mail address: (to be used for future ann	ual report no	otification)
For further information concerning this matter,	please call:	
LOVETTE DOBSON	888 at (462-3453
Name of Person	ar \	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	amount:	
\$25 Filing Fee	C)	\$55 Filing Fee & Certified Copy
INHS18 (2/14)		(((H22000383530 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H22000383530 3)))

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.

(a)		(b)			
. , .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailin	g address of limited liability company: te: MAY BE POST OFFICE BOX)	
	681 93rd Ave N		1216 Broadway, Floor 2 #1024		
	Naples, FL 34108		New York, NY I	10001	
	08/28/2018	L	18000206305		
	Date of filing/registration in Florida	— _{4.} –	Docu	iment number	
(~)					
(a)	Registered Agent and Registered Office shown on the records of	I the Florida I	Dept. of State:		
	JAMES CONATHAN		,		
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)			
	681 93RD AVE N			2022 MOV -9 SECRLIARY TALLAHASS	
	NAPLES	L		OV-9 M JARY OF S	
	TAPLES	₽ <u></u>		45	
b)				m € PSS	
υ,	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	ress:	SITS	
	REPUBLIC REGISTERED AGENT LLC			1LED 1-9 MM 9:23 NAY OF STATE HASSEE, FL	
	NEW Registered Office Address:	·			
	1150 Nw 72nd Ave Tower I Ste 455				
	Miami	L_33126			
	, F	L			
nge nt w /we	mited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cles of organization or the operating agreement of the company of th	e registered iability com of the limit e limited lia	office and the pany, it is here ed liability com	business office of the registered by confirmed that the change(s) apany or as otherwise provided in	
ma	pre of a member or authorized representative of a member			ed or typed name of signee	
ereb visio obli nere fied	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, It in writing of this change.	ree to act in e performan ed for in Ch hereby con	n this capacity. ice of my duties apter 605, F.S. firm that the lit	I further agree to comply with the , and I am familiar with and accep Or, if this document is being filed nited liability company has been	
<u> </u>	howethe Doborn				
31111	e of Registered Agent		,	((H22000383530 3)))	