L18000215219

(F	Requestor's Name)	
()	Address)	
(/	Address)	
((City/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(8	Business Entity Name))
(1)	Document Number)	
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10. 159/d

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divi	sion of Corporations						
SUBJECT:	Changing of Registered Agent & Add Authorized Person						
	Name of Limited Liability Company						
Dear Sir or N	Aadam:						
The enclosed	Registered Agent/Registered Offic	e Change and fe	e(s) are submitted for filing.				
Please return	all correspondence concerning this	matter to the fo	llowing:				
Lisa Shma	ıruk						
	Name of Person						
Block Advi	sors						
	Firm/Company						
4501 Sher	idan St						
	Address						
Hollywood	FL 33021						
	City/State and Zip Code						
christine.le	esperance@gmail.com						
E-mail	address: (to be used for future annu	al report notifica	tion)				
For further in	nformation concerning this matter, p	lease call:					
Lisa Shma	ruk	954	963-5216				
	Name of Person		Area Code & Daytime Telephone Number				
Regi: Divis Cliffe 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle thassee, Florida 32301	Regis Divis P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Encl	osed is a check for the following a	mount:					
2 2 \$3	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.

I. N	lame of the limited liability company: LAAPA LLC						
		(h	1				
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)					
	8925 Collins Ave Apt 5G		8925 Collins Ave Apt 5G				
	Miami FL 331254-3532		Miami I	FL 331254-3532			
	September 10, 2018		L180002	215219			
3.	Date of filing/registration in Florida	— _{4.}		Document numb	er		
5. (a)						
,	Registered Agent and Registered Office shown on the records of	f the Florida	Dept, of Sta	ite:			
	Carrie Freedman						
	Registered Office Address (MUST BE FLORIDA STREET	egistered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	5701 Collins Ave Apt 319				_	~	
	Miami Beach . FI	33140			I ALL SECT	2019 FEB	75
					五元	EB 1	11 2 T
(b)				_	19 19 EE	EAS	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Utilce add	iress:		雪哥	7	0-1
	Annette Lesperance				는 사람 기술 기술 기술	PM 10: 47	
	NEW Registered Office Address:			_	三三三	7	
	8925 Collins Ave Apt 5G						
	Miami Beach . FI	. 33154-	3532				
				_			
If the	limited liability company is not organized under the la lange or changes are made, the Florida street address o	iws of the	State of F	lorida, it is hereby	confirmed s office of	d that	after
agent	will be identical. Or, in the case of a Florida limited I	iability co	mpany, it	is hereby confirme	ed that the	chang	ge(s)
	vere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the				otherwise	provi	ded in
0				sperance			
Sign	aute of a nymber or authorized representative of a member			Printed or typed nar	me of signee	•	
I here	ely accept the appointment as registered agent and ag gious of all statutes relative to the peaper and complete	rec to act	in this cap	pacity. I further as	gree to co.	mply v	with the
the of	sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect exchange in the registered office address, I gd in writing of this change.	ed for in C	hapter 60)5, F.S. Or, if this is the limited Pick!!	document	is hei	ng filed haar
notific	rel in writing of this change.	nereny co	agam mu	сте иниса шаңи	ту сотра	ò uas	OCU11
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