## L18000 2214(do

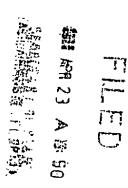
	guestor's Nama)				
(rte	(Requestor's Name)				
	dress)				
(~0	uiess)				
(Address)					
(, 10	41000)				
(Cit	ty/State/Zip/Phon	e#)			
(0)(	y/Gtate/Zip// 11011	.c #)			
PICK-UP	MAIT	MAIL			
<del></del>	siness Entity Na	me)			
<b>\</b>	<b>,</b>	···- <b>,</b>			
(Do	cument Number)	)			
`	•	,			
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					





800343146358

04/23/20--01013--024 \*\*25.00



MAY 0 5 COS

## **COVER LETTER**

	stration Section sion of Corporations		
SUBJECT:	Luis Granite, LLC		
	1	Name of Limited	Liability Company
Dear Sir or M	Aadam:		
The enclosed	Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for filing.
Please return	all correspondence concerning	g this matter to th	e following:
Luis A Garrid	lo		
	Name of Person		<del></del>
Luis Granite,	LLC		
	Firm/Company		
553 County H	Iwy 83A W.		
	Address		
Freeport, FL	32439		
	City/State and Zip Coc	de	
luisgarridoort	iz1981@gmail.com		
E-mail	address: (to be used for future	annual report not	tification)
<del>For</del> further <del>i</del> n	<del>nformation conce</del> rning this mat	tter, please call:	
Luis A Garrio	lo	850 at (	517-8287
	Name of Person		Area Code & Daytime Telephone Number
Regi Divi P.O.	ling Address: istration Section sion of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Encl	osed is a check for the follow	ing amount:	
€ \$2	25 Filing Fee	٥	\$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.

2. (a)	553 County Hwy 83A W. Freeport, FL 32439	(b) 553	3 County Hwy 83A W. Freeport, FL 32439
. (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)
	553 County Hwy 83A W.	553	County Hwy 83A W
	Freeport, FL 32439	Fre	eport, FL 32439
	09/25/2018	L180	000227466
3.	Date of filing/registration in Florida	4.	Document number
5. (a	Gaspar Luna		
J. (α	Registered Agent and Registered Office shown on the records of	the Florida Dept	of State:
	910 Airport Rd A3 Destin, FL 32541		en e
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	910 Airport Rd A3		
	Destin FI	32541	The second second
(b)	Luis A Garrido		
` .	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	
	NEW Registered Office Address:		
	553 County Hwy 83A W.		
	Freeport	32439	
			<del></del>

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent