118000 232 159

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Can't carred AR						

Office Use Only



900344026459

05/15/20--01011--023 **25.00

SECRETARY OF STATE STATE OF STATE OF CONTORALIONS

(otting)

COVER LETTER

	gistration Se vision of Cor					
SUBJECT:		US LOTS, LLC				
SOBJECT.	·		Name of Limited Lial	pility Company		
Dear Sir or	Madam:					
The enclose	ed Statement	of Correction and fee(s)	are submitted for filin	g.		
Please retur	n all correspo	ondence concerning this i	natter to the followin	g:		
JOSEPH B	RENNAN					
<u> </u>	·	Name of Person		_		
BRENNAN	N REALTY, I	NC.				
		Firm/Company		_		
225 ARAG	ON AVENU	E				
		Address		-		
CORAL G	ABLES, FL 3	33134				
	С	ity/State and Zip Code		_		
BRENNAN	REALTY@	USA.COM				
E-mai	l address: (to	be used for future annua	l report notification)	_	20	. 5.
					٠ ; -ير-	
For further	information c	concerning this matter, pl	ease call:		ಷ	いた。
JOSEPH BI	RENNAN		305	992-5969		- E. E.
	Name o	of Person	at (Daytime Telephone Number	မှ (၄) (၁)	MAILE
Re Di P.	ailing Addressegistration ivision of CO. Box 632	Section Corporations 27		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	-	TIOHS
Enclosed is	a check for	the following amount:				
■\$25 Filing	g Fee	□ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy		

CR2E062 (9/15)



June 10, 2020

JOSEPH BRENNAN BRENNAN REALTY, INC. 225 ARAGON AVENUE CORAL GABLES, FL 33134

SUBJECT: LHC CITRUS LOTS LLC

Ref. Number: L18000232759

We have received your document for LHC CITRUS LOTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

I'm sorry but you have completed the wrong form. Please sign the attached form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 220A00011466

Diane Cushing Senior Section Administrator

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.

N	ime of the limited liability company: LHC CITRUS L	.013 L.L.C				
(a)	225 ARAGON AVENUE	(1	(b) 225 ARAGON AVENUE Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	•				
	CORAL GABLES, FL 33134		CORAL G	ABLES, FL 3313		
	10/02/2018		L180002327	759		
	Date of filing/registration in Florida	4.		Document number		
(a)	VANESSA M BERTRAN PA					
(••)	Registered Agent and Registered Office shown on the records of ALHAMBRA PLAZA	of the Florid	Dept. of State	- e:		
	Registered Office Address (MUST BE FLORIDA STREET) 8TH FLOOR	T ADDRESS	2)	_		
	CORAL GABLES	L_33134			NO 11.00	
(b)	Enter name of NEW Registered Agent and/or NEW Registered 55 ALHAMBRA PLAZA	ed Office ad	office address:		RELYBER SOLD STATES	
	NEW Registered Office Address:	-	3: 3 AA			
	STH FLOOR			-	S3 THORS	
	CORAL GABLES	L 3334		_		
inge ent v s/we arti	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cless of organization or the operating agreement of the united large of a member of a member of a member of a member and agent and agent as of all statutes relative to the proper and completing igations of my position as registered agent as provided by reflect a change in the registered office address, and the registered office address, and the registered of the address.	ie register iability co of the lim e limited l	ed office and ompany, it is inted liability com liability com EPH P BENT	d the business office is hereby confirmed they company or as other apany. NAN Printed or typed name of active. I further agrees	of the registered nat the change(s) erwise provided in f signee	