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## **COVER LETTER**

TO: Registration Section Division of Corporations LyonL LLC SUBJECT: \_\_\_\_\_ Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Chad Vogel Name of Person LyonL LLC Firm/Company 8425 CRESPI BLVD UNIT 402 Address Miami Beach FL 33141 City/State and Zip Code chad.vogel@lyonl.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 777-0000 Chad Vogel 786 at ( Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: **Registration Section** Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ■ \$55 Filing Fee & Certified Copy □ \$25 Filing Fee



## 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.

1.	Naı	me of the limited liability company:	71						
2. (a	a) _	Principal office address of limited liability company:	_ (l	b) .	M	~			lity company:
		(Note: MUST BE STREET ADDRESS) Miami Beach FL 33141	<del>-</del>	<del>.</del>		( <u>Note: M.</u>	AY BE	<u>POST OF I</u>	FICE BOX)
		2/1/2019	_	L	_1900003	3214			
3. 5. (	a)	Date of filing/registration in Florida Chad E Vogel	4.		Γ	Documen	it num	ber	
(b		Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat 13909 RIVER CYPRESS WAY							
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							
		TAMPA , FL_	3363	7					
		Chad E Vogel				∌si	, ,		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u> 8425 CRESPI BLVD		<u>idr</u>	ess:	ECRETAI	2019 NOV	1	
		NEW Registered Office Address: UNIT 402				4.33s 10 A8	2 PD		
		Miami Beach, FL_	3314 <sup>-</sup>	 1 		F08907	£. ₹.		
the dagen was/	hai it w 'we	mited liability company is not organized under the lawinge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of these of organization or the operating agreement of the limited liab	he reginity control the linited	iste on mit lia	ered office a npany, it is led liability	and the the thereby company company	ousines onfirm	ss office ( ned that tl	of the registered he change(s)
-	•	ure of a member of authorized representative of a member						ame of sign	
prov the o to m	isie bli ere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I have the writing of this change.	e to ac perform for in ereby c	et i nar CF cor	n this capa nce of my d hapter 605, nfirm that th	city. I fu uties, an F.S. Or he limited	orther of I am I, if this Id liahi	agree to c familiar s docume lity comp	comply with the with and accept nt is being filed any has been
Sign	atur	e of Registered Agept							