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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Name of Limited	Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change ar	nd fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the	e following:	
Brian Lantigua		
Name of Person		
Luxe Sneaker Boutique LLC		
Firm/Company		
6504 Carrier Drive		
Address		
Orlando, FL 32819		
City/State and Zip Code		
brian.lantigua@aim.com		
E-mail address: (to be used for future annual report no	tification)	
For further information concerning this matter, please call:		
Brian Lantigua 407	414-8917	
Name of Person	Area Code & Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations The Centre of Tallahassee	
P.O. Box 6327		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	RECE	
Enclosed is a check for the following amount:	JAN 0	2 2020
■ \$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.

. Na	une of the limited liability company: Luxe Sneaker Bo	utique Ll	_C			
(a)		(b)			
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			~	ss of limited liability company: Y BE POST OFFICE BOX	
	6504 Carrier Drive	6504 Carrier Drive				
	Orlando, FL 32819		Orlando, FL 32819			
	March 11, 2019		L19000068	609		
	Date of filing/registration in Florida	- 4.		Document	number	
()	Brian Tsui					
(a)	Registered Agent and Registered Office shown on the records of	the Floric	a Dept. of Sta	 te:		
			•		. 26	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>	_)20 5	
	3956 West Town Center Blvd Suite 141		_		7020 FEB	
	Orlando, FI	32837		_	ASSE ASSE	
-		- 			3 T	
(b)				_	STATE	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office a	ddress [,]	ب. چ	★ (14) 28	
	Brian Lantigua					
	NEW Registered Office Address:					
	6504 Carrier Drive					
	Orlando	32819				
	, FL					
nange gent v as/we le arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	e register ability co of the lin- limited	ed office an ompany, it i nited liabilit	d the busine s hereby cor ty company	ess office of the registered nfirmed that the change(s)	
Signa	Bruin July 100 ture of a member or authorized representative of a member			Printed or ty	ped name of signce	
herei rovisi ne obl mere otified	by accept the appointment as registered agent and aground of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I is writing of this change.		t in this cap vance of my Chapter 60: onfirm that	oacity. I furt duties, and i 5, F.S. Or, i the limited l	her agree to comply with the I am familiar with and accep f this document is being filed liability company has been	
	re of Registered Agent					

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00