## K19000110626

(F	Requestor's Name)	
(A	(ddress)	
(A	address)	-
(C	ity/State/Zip/Phon	e #)
PICK-UP	MAIT	MAR.
(B	usiness Entity Nar	me)
	·	·
(D	ocument Number)	
	ŕ	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		E CONTRA
		80
		Constant of the second





900386459269

04/25/22--01022--015 \*\*35.00

FILED
2022 APR 25 PH 2: 22
2022 APR 25 PH 2: 22



## COVER LETTER

Division of Corpo		
SUBJECT:	LANIGNE COMPANI	its ile
	Name of Limited I	liability Company
Dear Sir or Madam:		
The enclosed Registered A	Agent/Registered Office Change and	fee(s) are submitted for filing.
Please return all correspor	idence concerning this matter to the	following:
Dane L	ame of Person	
Lavigne	Company Company	<u>. C</u>
675 N HUNT	CLUB BLVD #1003 Address	
LONGWOOD Cityle	FL 32836 state and Zip Code	
E-mail address: (to b	i and Companies. Con cused for future annual report notifi	ication)
For further information con	ncerning this matter, please call:	
Dane La V	igne at 659 erson	
- Mailing Address Registration Sect Division of Corpo P.O. Box 6327 Tallahassee, FL 3	ion prations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a chec	k for the following amount:	
□ \$25 Filing Fee	□ <b>\$</b> 5	5 Filing Fee & Certified Copy
INHS18 (2/14)	Payment provinsi	y submitted

## 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. Na	ame of the limited liability company: LaVigne Companies LLC	
2. (a)	175 01 11 of 11 to 12 1 41 002 (mr of 1) of 11 of 21 of 21	<u>r10</u> 03
	Longwood, FL 32779 Longwood, FL 32779	
3.	OH 23 2819 L 1900110626  Date of filing/registration in Florida 4. Document number	
5. (a)	Land of Caracrate Sanites Inc	
	5237 Summerin (ommon's  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  Suite 400  FORT MYERS  FI 33907	<b>-</b> 1
		= -
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:  675 N Hunt Club Blvd # 1003	フ
	NEW Registered Office Address:	
	Longwood FL 32779	
change agent w was/we	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided igles of organization or the operating agreement of the limited liability company.	
Signat	ture of a member of nuthorized representative of a member  Dane La Vigne  Printed or typed name of signee	
I herek provision the oblition mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with ions of all statutes relative to the proper and complete performance of my duties, and I am jamiliar with and act ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being fively reflect a change in the registered office address, I hereby confirm that the limited liability company has been a fin writing of this change.	he rept led i
Signatur	are of Registered Agent	