

LP9000 111750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

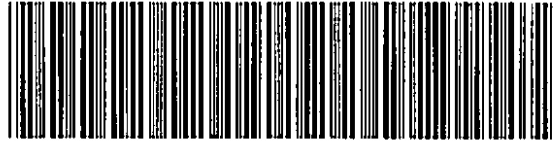
(Business Entity Name)

(Document Number)

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OFFICE OF CORPORATIONS  
20 APR 26 AM 11:36

RA Change

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Written By Lucas LLC

\_\_\_\_\_  
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:

Lucas Baker

\_\_\_\_\_  
Name of Person

Written By Lucas LLC

\_\_\_\_\_  
Firm/Company

11930 N Bayshore Dr. Apt. 403

\_\_\_\_\_  
Address

North Miami, FL 33181

\_\_\_\_\_  
City/State and Zip Code

writtenbylucas@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lucas Baker

305  
at (\_\_\_\_\_) \_\_\_\_\_

962 6192

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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CORPORATIONS  
2018 JUN 29 AM 11:36

## 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. Name of the limited liability company: Written By Lucas LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

11930 N Bayshore Dr. Apt. 403

North Miami, FL 33181

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

11930 N Bayshore Dr. Apt. 403

North Miami, FL 33181

04/24/2019

L19000111750

3. Date of filing/registration in Florida 4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

UNITED STATES CORPORATION AGENTS, INC.

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

5575 S. SEMORAN BLVD SUITE 36

Orlando, FL 32822

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Lucas Baker

**NEW Registered Office Address:**

11930 N Bayshore Dr. Apt. 403

North Miami, FL 33181

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Lucas Baker  
Signature of a member or authorized representative of a member

Lucas Baker

Printed or typed name of signee

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.

Lucas Baker  
Signature of Registered Agent

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DIVISION OF CORPORATIONS  
20 APR 24 PM 11:56