## L19000131076

(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:				

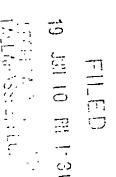
Office Use Only



400330178374

2*5.0*c 05/10/19--01009--003 \*\*1<del>00.5</del>0

JUN 2 2 2019 S. YOUNG



## COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: LA ROSA REALTY LAKELAND LLC  Name of Limited Liability Company							
The enclosed Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing.					
Please return all correspondence concerning this	s matter to the	following:					
RICKY MILLER							
Name of Person		<del></del>					
LA ROSA REALTY LAKELAND LLC							
Firm/Company		<u> </u>					
145 HORIZON CT							
Address		<del></del>					
LAKELAND, FL, 33813							
City/State and Zip Code		<del></del>					
LRRLAKELAND@GMAIL.COM							
E-mail address: (to be used for future annu	ial report noti	fication)					
For further information concerning this matter,	please call:						
RICKY MILLER	407 at (	453-8679 )					
Name of Person		Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:							
☑ \$25 Filing Fee	□ s	55 Filing Fee & Certified Copy					
INHS18 (2/14)							

## 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. No	ame of the limited liability company: LA ROSA REA	ALTY ——–	LAKELANI ———	D LLC
2. (a)	Principal office address of limited liability company:	_ (	b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		445 1105	(Note: MAY BE POST OFFICE BOX)
	145 HORIZON CT	_	145 HOF	RIZON CT
	LAKELAND, FL 33813		LAKELA	ND, FL 33813
	MAY 15 2019		L1900013	31076
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	RICKY J MILLER			
(10)	Registered Agent and Registered Office shown on the records of t	he Floric	a Dept. of State	- e:
				7.3 6
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	145 HORIZON CT			
	LAKELAND	33813	<u> </u>	0 17
	, rt.			
(b)	JOSEPH LA ROSA			
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			TILED BITSI
	145 HORIZON CT LAKELAND FL 33813			
	NEW Registered Office Address:	·		-
				-
	, FL			_
the cha agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	the reg ibility of the lii limited	istered office company, it is nited liabilit	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany.
Sign	are of a member or authorized representative of a member		-	Printed or typed name of signee
pro <b>y</b> is the ob- to mer	by accept the appointment as registered agent and agra- ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided elv reflect a change in the registered office address. I had in writing of this change.	ee to ac perforn I for in vereby c	t in this cap- nance of my Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am Jamiliar with and accept i, F.S. Or, if this document is being filed the limited liability company has been
Signage	ne of Hagistered Agent			

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