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Help

## From: Lexus Wir

## 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,

2. (a)	3201 N Federal HighwaySuite 201	(b) <sup>320</sup>	(b) <u>3201 N Federal HighwaySuite 201</u> Mailing address of limited liability company: ( <u>Note: MAY BE POST OFFICE BOX</u> )			
( <b>u</b> )	Principal office address of limited liability company: ( <u>Nate: MUST BE STREET 4DDRESS</u> )					
	FORT LAUDERDALE, FL 33306	FO	RT LAUDERDALE, FL 33306			
	06/04/2019	L190	000141570			
3.	Date of filing/registration in Florida	4.	Document number			
5. (8)	LAMBROU, LAMBROS Y					
(a)	Registered Agent and Registered Office shown on the records	of the Florida Dep	t. of State:			
	3201 N Federal HighwaySuite 201					
	Registered Office Address (MUST BE FLORIDA STREE	<u>TADDRESS)</u>		2022 JAN -4 SECHEIMER		
	FORT LAUDERDALE	FL <sup>33306</sup>		AN -4 F		
(b)	C T Corporation System					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	r <u>ed Office ad</u> dress	;: -	L: 03 L: 03 L: TATE L: ORIDA		
	NEW Registered Office Address:					
	1200 South Pine Island Road					
	Plantation	FL				
the cha agent ' was/w	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of ganization or the operating agreement of t	of the registere l liability comp rs of the limited	ed office and the business off any, it is hereby confirmed th Hiability company or as othe	at the change(s)		

Signature of a member or authorized representative of a member

Printed or typed name of signce

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. C T Corporation System

CRIMENTINOL Bv

Signature of Registered Agent

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