## 119000183452

(Requestor's Name)	
(Address)	
(Address)	
( (ddiess)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	—
, ,	
(Dogwood New York	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	<u> </u>
Special instructions to Filing Officer.	
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
Loa'a Ka Lani LLC SUBJECT:	
	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	g this matter to the following:
Daniel Husted	
Name of Person	
Firm/Company	
1969 SW. Panther Trace	
Address	
Stuart, FL 34997	
City/State and Zip Code	е
dshusted@hotmail.com	
E-mail address: (to be used for future a	annual report notification)
For further information concerning this matt	er, please call:
Daniel Husted	772 233-9680 at ()
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	ng amount:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
NHS18 (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. N	lame of the limited liability company: Loa'a Ka Lani L	.LC		
2. (a)	1969 SW. Panther Trace	(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Stuart, FL 34997	Stuart, F	FL 34997	
	07/16/2019	L1900018	33452	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Daniel Husted			
	Registered Agent and Registered Office shown on the records of 1345 SE St. Lucie Blvd	the Florida Dept. of St	ate:	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	2021 MAR SEGNA D TALLAMA	
	Stuart , FL	34996	SS = F	
(b)	Daniel Husted			
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	AM 10: 43  F STATE FLORIDA	
	1969 SW. Panther Trace		0.6 0.6	
	NEW Registered Office Address:		_	
	Stuart	34997		
agent www.was/we	mited liability company is not organized under the law or changes are made the Florida street address of the vill be identical. Or proble case of a Florida limited lial re authorised by an arrival ative vote of the members of cles of organization or the operating agreement of the less of organization or the less of organization of the less of organization are the operating agreement of the less of organization are the operating agreement of the less of organization are the operating agreement of the less of organization are the operating agreement of the less of organization and operating agreement of the less of organization are the operating agreement of the less of organizations.	registered office ar bility company, it i f the limited liabilit	nd the business office of the registered is hereby confirmed that the change(s)	
	ure of a member or authorized representative of a member	<del></del>	Printed or typed name of signee	
	y accept the appointment of registered agent and agre ons of all statutes relative to the proper and complete p gations of new position af registered agent as provided by reflect a knappe in the registered office address. I he in writing of this analyse	ee to act in this cap performance of my for in Chapter 603 ereby confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
signature	of Registered Agent			