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D. BRUCE SEP 02 WIN

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	LLU, LLC TECT:			161	
5020		Name of Limited	Liability Company		
Dear	Sir or Madam:				
The e	nclosed Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for	filing.	
Please	e return all correspondence concernir	ng this matter to th	ne following:		
LACY	/ HINKLE				
	Name of Person				•
LLU,	LLC				
	Firm/Company				
117 H	ERALD CT. UNIT 116				
	Address				
PUNT	'A GORDA, FL 33950				
	City/State and Zip Co	de		202 SE T	
THRA	ASHINGSTAR@AOL.COM			2020 JUL 21 PI SECRETARY OF TALLAHASS	Ţ
	E-mail address: (to be used for future	annual report no	tification)	21 AHA	******
For fi	urther information concerning this ma	ntter, please call:			ĭ
LACY	HINKLE	239 at (839-1120	4: 43 8 TATE E. FL	-
	Name of Person		Area Code & Daytim	e Telephone Number	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corpor The Centre of Talla 2415 N. Monroe Section Tallahassee, FL 32	rations ahassee treet, Suite 810	
	Enclosed is a check for the follow	ving amount:			
	\$25 Filing Fee	0	\$55 Filing Fee & Certifie	ed 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.

. (a)	LLU, LLC		(b	LLU, LLC				
. (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX					
	117 HERALD CT. UNIT 116		117 HERALD CT., UNIT 116					
	PUNTA GORDA, FL 33950 JULY 31, 2019 Date of filing/registration in Florida			PUNTA GO	ORDA, FL 33	950		
				L1900019567	17			
.				Document number				
i. (a)	LEGAL CORP SOLUTIONS, LLC							
J. (u)	Registered Agent and Registered Office shown on the records of	the Flo	rida	Dept. of State:	:			
	Registered Office Address (MUST BE FLORIDA STREET 3440 W HOLLYWOOD BLVD, STE 415	2		ω	2			
(b)	HOLLYWOOD , FL 33021				2020 JUL 21 SECREJAR TALLAHA			777
	LACY HINKLE Enter name of NEW Registered Agent and/or NEW Registered Office address:			dress:		ίο ·		
				-			PH 4: 43	J
	NEW Registered Office Address:					ापं	ယ	
	117 HERALD CT, UNIT 116		_					
	PUNTA GORDA FI	33950)					
thange agent v vas/we he arti	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regist ability of the limite	cor lim d li	d office and mpany, it is ited liability iability comp Y HINKLE	the business hereby confi- company or pany.	office of rmed that as otherw	the reg the cha ise pro	istered inge(s)
Signa	buse of a member of authorized representative of a member				Printed or typeo	l name of sig	znec	
rovisi he obl o merc	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to perfoi d for i hereby	act rma n C	in this capac ince of my di chapter 605, infirm that th	citv. I furthe uties, and I a F.S. Or, if the ne limited lia	r agree to m jamilia his docum bility com	compl with a ent is b pany h	y with the and accept peing filed as been

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