L19000209654

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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SEGNETARY OF STATE

JQ 10/22/20

COVER LETTER

TO:	Registration Section Division of Corporations	•
SUBJE	ECT: Las Olas Roohing as	act Coustwiction LLC of Limited Liability Company
	Name	of Limited Liability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please	return all correspondence concerning this	matter to the following:
<u> N</u>	Name of Person	
Las	Olas Rowling and Construction Firm/Company	tion UC
130	4 E. Las Olas Blud Ste Address	304
For	City/State and Zip Code	
<u> </u>	Ken 1476/45700hng Com E-mail address: (to be used for future annua	l report notification)
For fu	rther information concerning this matter, pl	lease call:
Mi	Chael Kishit Name of Person	at (954) 545-9373 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 a	mount:
	□ \$25 Filing Fee	☐ \$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. N	ame of the limited liability company: Las Olas	Reofin	4 and	Construction	uc	_	
	1801 SE 314 Auc Ste 100			SE 3"4 Ave			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limite (Note: MAY BE POS	_		-
	Fort Luderdele, FL 33316		Fart	Lewdendell (F)	343	ما ۱	 -
	()8/16/co 2019	- -	1.19	000209654		<u> </u>	
3.	Date of filing/registration in Florida	4.		Document number			
5 (a)	Michael P Kusbit						
J. (u)	Registered Agent and Registered Office shown on the records of th	e Florida D	ept. of State	: ::			
	200 South Birch Rel Unf 411		,	_			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)					
				-		2020	
	Fort Landerdile ,FL	3331	6			SEF	
			_	-			LAET AND
(b)				-	SSE SOF	>	1
	Enter name of NEW Registered Agent and/or NEW Registered C	Office addr	<u>ess</u> :		ارس ^{ری} ایدیا	AH 9: 0	
					FL	<u></u>	_
	NEW Registered Office Address:			-	1.1	_	
	1314 Elas Olas Blud Ste 30	14		-			
	Fort Landedelle , FL	3330	ઇ	_			
chang agent was/w	limited liability company is not organized under the laws e or changes are made, the Florida street address of the rwill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of ficles of organization or the operating agreement of the light	egistered pility com the limite imited lia	office and pany, it is ed liability bility com	d the business offices hereby confirmed by company or as other and the second s	e of the re that the cl nerwise pr	gister hange	red :(s)
Sign	ature of a member or authorized representative of a member		Vucuo	Printed or typed name	of signee		
I here provis the ob to men notifie	eby accept the appointment as registered agent and agre- tions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided rely reflect a change in the registered office address, I he of in writing of this change.	e to act in	this can	ncity I further agre	e to com	oly wi and being has b	th the accept g filed een