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COVER LETTER

	Registration Section Division of Corporations				
SUBJE	Lala Empanada, LLC				
SOBOLA	Name of Limited Liability Company				
Dear Sir	or Madam:				
The enc	losed Registered Agent/Registered Offic	e Change an	d fee(s) are submitted for filing.		
Please re	eturn all correspondence concerning this	matter to the	e following:		
Elizabe	eth Cann				
	Name of Person				
Lala E	mpanada, LLC				
	Firm/Company				
433 Ea	agle Drive				
	Address	_			
Satellit	e Beach, FL 32937				
	City/State and Zip Code				
Beth@	lalaempanada.com				
E-1	mail address: (to be used for future annu	al report not	ification)		
For furth	ner information concerning this matter, p	olease call:			
Elizabe	eth Cann	305	978-4346		
	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	R D P	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314		
	Enclosed is a check for the following a	imount:			
	■ \$25 Filing Fee		855 Filing Fee & Certified Copy		

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. Na	ame of the limited liability company: Lala Empana	ada, LL	C			
2. (a)	Elizabeth S. Cann		b)			
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	433 Eagle Drive		433 Eagle Drive			
	Satellite Beach, FL 32937		Satellite Beach, FL 32937			
	09/12/2019		L19000231712			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	Louis J. Lawson					
` ,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Louis J. Lawson					
	Registered Office Address (MUST BE FLORIDA STREET 16940 SW 84 AVE	<u>(S)</u>				
	PALMETTO BAY . F	33157	,	£.; 2019 C^T		
(b)	Elizabeth Cann			- 		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	ddress:	- · ·			
	Elizabeth S. Cann			0 6 		
	NEW Registered Office Address:			0		
	433 Eagle Drive					
	Satellite Beach	L32937	, 			

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Elizabeth S. Cann

Printed or typed name of signee

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.

Signature of Registered Agent

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