

L19000

267

408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

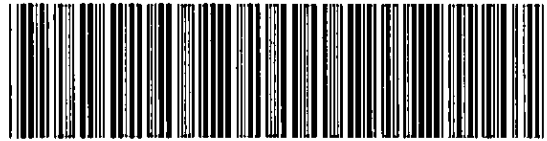
(Business Entity Name)

(Document Number)

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2019 NOV 25 PM 12:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS  
JAN - 4 2020

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LUCA 3 LEASING LLC

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 this matter to the following:

KEVIN KIERNAN

Name of Person

LUCA 3 LEASING LLC

Firm/Company

2170 MAIN STREET, STE 202

Address

SARASOTA, FL 34237

City/State and Zip Code

kkiernan@kig2.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Kiernan

Name of Person

at ( 941 )

388-7832

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 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. Name of the limited liability company: Luca 3 Leasing, LLC
2. (a) Luca 3 Leasing, LLC  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
2170 Main Street, STE 202  
Sarasota, FL 34237
- (b) Luca 3 Leasing, LLC  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
2170 Main Street, STE 202  
Sarasota, FL 34237
3. October 24, 2019  
Date of filing/registration in Florida
4. L19000267408  
Document number

5. (a) Eric M Kobren  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Eric M Kobren

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

631 Mourning Dove Drive

Sarasota, FL 34236

- (b) Eric M Kobren

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Eric M Kobren

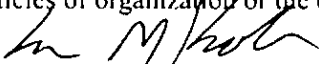
NEW Registered Office Address:

2170 Main Street, STE 202

Sarasota, FL 34237

**FILED**  
**2019 NOV 25 PM 12:28**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

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.

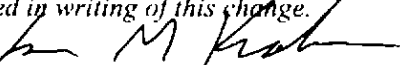


Signature of a member or authorized representative of a member

Eric M Kobren

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