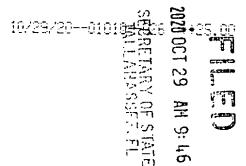


(Re	questor's Name)	-					
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PICK-UP	WAIT	MAIL					
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COVER LETTER

TO: Registration Section Division of Corporations	
LDMS GROUP LLC SUBJECT:	
	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	o the following:
SEBASTIAN M. SANTANDREA	
Name of Person	
LDMS GROUP LLC	
Firm/Company	
2246 QUAIL ROOST DRIVE	
Address	 _
WESTON, FL 33327	
City/State and Zip Code	
smsantandrea@hotmail.com	
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please ca	11:
SEBASTIAN M. SANTANDREA 786 at (327-4927
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 amount:	
■ \$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. Na	ame of the limited liability company: LDMS GROUP	LLC					
2. (a)	2246 QUAIL ROOST DRIVE	((b) 2246 QUAIL ROOST DRIVE				
2. (u)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	`	··/ <u></u>	Mailing address of limite (Note: MAY BE POS	7	-	-
	WESTON, FL 33327	_	WESTON	K, FL 33327			
	11/14/2019		L1900028-	1419			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	SEBASTIAN M. SANTANDREA	_					
	Registered Agent and Registered Office shown on the records of 18003 SW 20TH STREET	the Florid	a Dept, of Sta	de:		~2	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>s)</u>	_	SECRE TALL	2020 OCT 29	
	MIRAMAR , FI	L_33029		- -	CRETARY O	[29	(5A)
(b)	SEBASTIAN M. SANTANDREA			_	354 E.	AH 9	M
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	<u>ldress</u> :		TATE	9: 46	
	2246 QUAIL ROOST DRIVE						
	NEW Registered Office Address:						
	WESTON , FI	33327		_			
change agent v was/we	imited liability company is not organized under the la c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register ability c of the lir	ed office ar ompany, it nited liabili	nd the business office is hereby confirmed ty company or as oth	e of the r that the c	egister change	ed (s)
	Genburken	Set	pastian M. Sa		2.1		
I here, provisi the obl to mero notified	ture of chember of authorized representative of a member by accept the appointment as registered agent and aging on so fall 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. It is writing of this change	ree to ac perforn ed for in hereby c	t in this cap ance of my Chapter 60 onfirm that	Printed or typed name pacity. I further agreed duties, and I am fan. 5, F.S. Or, if this do the limited liability of	e to con	iply wii h and c s being has be	h the weept filed ven

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