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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Lego Creativo Name of Limited Liab	pility Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fe	e(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following	llowing:		
Ricardo Scaff Name of Person	-		
CGO Crectivo UC.	-		
3088 SW 176t. Address	_		
MIGMI FL 33145 City/State and Zip Code	-		
E-mail address: (to be used for future annual report notification)	ation)		
For further information concerning this matter, please call:			
Ricardo Scaff at (305) Name of Person) 772- 4408 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	Name of the limited liability company: Leas Crective	0 LLC.
2. (a)	J ,	
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3088 SW19th Street 3	888 SW 17th Street
	Miami FC 33/45 M	11AM, FL 33/45
	01/07/2020 620	00000/8627
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	· / 	<u>202</u> 2
	Registered Agent and Registered Office shown on the records of the Morida Dept. of Sta	2022 JUN SEALT A
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	- 27
	5575 S. Semosan Blvd. Scite 3	
	Orlando EL 32822	
		=
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	_
	Fine faint of ferty Registered Agent and/of ferty Registered Office address.	
		_
	NEW Registered Office Address: 30 68 SW 1774 Street	
		-
	MIGMI 33/45	<u>, </u>
	e limited liability company is not organized under the laws of the State of Fl	
agent v	nge or changes are made, the Florida street address of the registered office an at will be identical. Or, in the case of a Florida limited liability company, it is	s hereby confirmed that the change(s)
the arti	were authorized by an affirmative vote of the members of the limited liability articles of organization or the operating agreement of the limited liability cor	npany.
Signat	gnature of a member or authorized oppresentative of a member	Printed or trond name of ciones
I herei	ereby accept the appointment as registered agent and agree to act in this cap	acity. I further agree to comply with the
provisi the obl to merc	visions of all statutes relative to the proper and complete performance of my obligations of my position as registered agent as provided for in Chapter 60: perely reflect a chan ge in the registered office address. I hereby confirm that	duties, ånd Lam familiar with and accept
	fied in writing of this change.	
Signatu	nature of Registered Adent	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314