Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210001217393)))

H11000131730348C

Division of Corp. fax Number :	orations (858)617-6383				
	(434)017-0345				
Account Name :	REGISTERED AGENT SOLUTIONS INC				
Account Number :	17#100000042				
	(888)705-7274 (888)706-7274				
		or this business entity to b			
	annual report mailing	s. Enter only one email addre	ess please.**		
	Email Address:				
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INHS18 (2/14)

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LAK Design LLC Name of Lim	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
J aclyn Wright	
Name of Person	
Registered Agent Solutions, Inc.	SECRETARY 26
Firm/Company	
1701 Directors Blvd, Suite 300	PH 4: 1,9
Address	
Austin, TX 78744	
City/State and Zip Code	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please c	all:
Jaclyn Wright	705-7274
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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount	:
□ \$25 Filing Fec	□ \$55 Filing Fee & Certified Copy

15129570210

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	me of the limited liability company: LAK Desig	n LLC			
2. (a)	488 NORTHEAST 18TH STREET	(b) 488 NORTHEAST 18TH STREET			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. (0)	Mailing address of limite (Note: MAY BE POS	d liability company:	
	UNIT 3306	UNIT 3	3306		
	MIAMI, FL 33132	MIAMI	, FL 33132		
	1/21/2020	L20000	0025508		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	FIRST CORPORATE SOLUTION	S, INC.			
J. (a)	Registered Agent and Registered Office shown on the records of the 155 OFFICE PLAZA DRIVE	he Florida Dept, of State	1008 1008	E]] 2021 HAR 26	
	Registered Office Address (MUST BE FLORIDA STREET A	IDDRESS)	·		
	The state of the s			20	
	TALLAHASSEE, FL	32301	OF S		
(b)	Registered Agent Solutions, Inc.		PATE PATE	1: 49	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:			
	155 Office Plaza Dr.		_		
	NEW Registered Office Address:				
	Suite A		_		
	Tallahassee .FL	32301			
the cha agent was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered offic ability company, it i of the limited liabilit	e and the business of s hereby confirmed by company or as oth	that the change(s)	
s/ J	acob Frediani	Jacob Fredi			
•	ture of a member or authorized representative of a member		Printed or typed name		
provis the ob to mer	by accept the appointment as registered agent and agr ions of all 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, I d in writing of this change.	nortarmance at mu	anares ana camara	niciar with ana accein	
<u> </u>	Mackenzie Hart, Asst. Secretary				