

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
<u></u>				
Special Instructions to Filing Officer.				

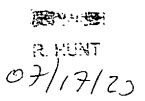
Office Use Only



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COVER LETTER

nited Liability Company
ge and fee(s) are submitted for filing.
to the following:
I7 PM 1: 15 EASSEE, FL
FLE
rt notification)
all:
561-299-0455
Area Code & Daytime Telephone Number
Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
:
☐ \$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. Na	ame of the limited liability company: R Lucas Constru	ection LLC	
2. (a)	1220 S Cypress Rd. Pompano Beach, FL 33060	(b)	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	01/30/2020	1.20	000036831
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Reginaldo Lucas		
J. (a)	Registered Agent and Registered Office shown on the records o	f the Florida Dep	t. of State:
	Registered Office Address (MUST BE FLORIDA STREET		
	1220 S Cypress Rd		
	Pompano Beach , F	L_33060	
			SER A FI
(b)	Enter name of NEW Registered Agent and/or NEW Registere	7. I.	
	Giordana Lucas		
	NEW Registered Office Address:		
	1220 S Cypress Rd		<u>. </u>
	Pompano Beach, F	L 33060	
change agent v was/w	limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	iws of the Stat e registered of iability compa of the limited	fice and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
Signa	iture of a member or authorized representative of a member		Printed or typed name of signee
I here provisi the obi to mer notified	by accept the appointment as registered agent and agions 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. It is writing of this change.	ree to act in the performance ed for in Chap hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been
Signatu	re of Registered Agent		