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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Legacy Group Name of Limited	Holdings UC d Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change a	and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to t	the following:		
Cynthia Mariani Goma Name of Person Legacy Group Holdings Firm/Company	LLC		
11954 Narcoossee Rd. Sui	<u>k</u> 2 #504		
Orlando, PL 32832 City/State and Zip Code			
E-mail address: (to be used for future annual report no	otification)		
For further information concerning this matter, please call:			
Cynthia Mariani ContaleZat (40) Name of Person	7) 455-6189 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		

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.

		11 .
1. Na	ame of the limited liability company: Legacy Group	Holdings
2. (a)	11954 Narcoossee Rd. J (b)	\mathcal{J}
, ,	Principal office address of limited liability company:	failing address of limited liability company:
	Suite 2 #504	(Note: MAY BE POST OFFICE BOX)
	Orlando, FL 32832	
	0311612020 La	200 000 8 3 170
3.		Document number
5. (a)	Rafael Gonzalez	
, ,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	:
	11954 Narcoossee Rd.	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	Suite 2 #504	
	Orlando, FL 32832, FL	2020 SE TAL
(b)	Cunthia Mariani Conzalez	FILE FALLARYS FALLARYS
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	SSE M
	11954 Narcousse Rd.	M 8: 09
	NEW Registered Office Address:	ORIGINAL DE COMP
	Suite 2 #504	v
	Orlando , FL 32832	
change agent v was/we	imited liability company is not organized under the laws of the State of Florice or changes are made, the Florida street address of the registered office and will be identical. Or, in the case of a Florida limited liability company, it is ere authorized by an affirmative vote of the members of the limited liability icles of organization or the operating agreement of the limited liability company.	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signa	ture of a member of authorized representative of a member	Printed or typed name of signee
provisi the obl to merc notifie	by accept the appointment as registered agent and agree to act in this capa- ions of all statutes relative to the proper and complete performance of my digations of my position as registered agent as provided for in Chapter 605, ely reflect a change in the registered office address, I hereby confirm that the writing of this change. The of Registered Agent	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed ne limited liability company has been

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