LZO 000108525

(Re	questor's Name)	
•		
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
	siness Entity Nar	mal
(50	isiness Littly ival	ne)
(Do	cument Number)	
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
		}

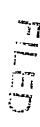
Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations		g ·
SUBJI	LHO2 LLC		
.501561		Name of Limited L	iability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered (Office Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to the	following:
Brenda	Gregory		
	Name of Person		
LHO2	LLC		
	Firm/Company		_
8014 V	ia Dellagio Way Ste 200		
	Address		_
Orlande	o F1. 32819		
	City/State and Zip Cod	e	_
brenda	@londonhouse.life		
[3	-mail address: (to be used for future	annual report notifi	cation)
For fur	ther information concerning this mat	ter, please call:	
Brenda	Gregory	-407 at (760-2074
	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 follow	ing amount:	
	■ \$25 Filing Fee	□ \$3	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.

I. Na	ame of the limited liability company:					
2. (a)		<i>(</i>)	o)			
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			-	s of limited liability BE POST OFFICE	
	189 S Orange Ave #2100		8014 Via 1	Dellagio Way	Ste 200	
	Orlando FL 32801		Orlando Fl	. 32819		
	04/21/2020		1.200001085	325		
3.	Date of filing/registration in Florida	- 4.		Document n	number	
<i>5</i> ()						
5. (a)	Registered Agent and Registered Office shown on the records of Benjamin A Becton	the Florida	Dept. of State	- e:	2820 OCT	an Parity
	Registered Office Address (MUST BE FLORIDA STREET) 8014 Via Dellagio Way Ste 200	<u>)</u>	-	ICT 26	A B 	
	Orlando , FI	32819		-	P 33	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Brenda Gregory	l Office ad	dress:	-	. 0	
	NEW Registered Office Address:			-		
	8014 Via Dellagio Way Ste 200			.		
	Orlando , FI	32819		_		
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the ture of a member or authorized representative of a member	registere ability co of the lim limited l	ed office and mpany, it is ited liability	d the busines s hereby conf y company o apany.	ss office of the t firmed that the	registered change(s)
			to alst	= :	=	, , , ,
provisi the obl to merc	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I it is writing of this change.	ee to act performa d for in C hereby co	in this capa ince of my c hapter 605 infirm that i	icity. I furth luties, and I , F.S. Or, if the limited li	ner agree to con am familiar wi this document ability compan	iply with the th and accept is being filed v has been
Signatu	re of Registered Agent					