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Division of Corporations

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LLC REGISTERED AGENT CHANGE LADY LIBERTY AND COMPANY LLC

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RARACHS

JUL 2 0 2020

I ALBRITTON

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	nme of the limited liability company: Lady Libe	erty and Co	mpany LLC		
2. (a)	900 JUNO OCEAN WALK, APT. C10	(b) 900 JUNO OCEAN WALK, APT. C10			
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	JUNO BEACH, FL 33408	JUNO B	EACH, FL 33408		
	06/12/2020	L200001	L629 4 4		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	UNITED STATES CORPORATION AGENTS	S, INC.			
	Registered Agent and Registered Office shown on the records of the	he Florida Dept. of State	: ::	. 2	
	5575 S. SEMORAN BLVD.		<i>,</i>	. 1070	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		-	2020 JUL 13	
	36		-	 ധ	
	ORLANDO ET	32822		PH	:-;
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered. 7901 4th St N NEW Registered Office Address:	Office address:	-	00	
	STE 300		_		
	St. PetersburgFL	33702	-		
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 office ability company, it is If the limited liabilit	e and the business offi s hereby confirmed the y company or as other	ice of the reg at the change	gistered c(s)
Signa	ture of a number or authorized representative of a member	Tiley Faik	Printed or typed name of	signee	
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agra- ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to act in this cap performance of my I for in Chapter 603 iereby confirm that t Secretary	acity. I further agree	to comply w	ith the accept ig filed been
Signatu	re of Registered Agent				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00