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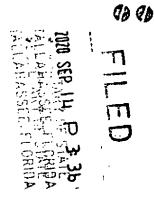
(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #	<u> </u>						
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PICK-UP WAIT	MAIL						
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(Business Entity Name)						
(Document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



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Vsmith
10/26/20

COVER LETTER

	stration Section sion of Corporations		•	*		
SUBJECT:	LFGO LLC					
	Name of Limited Liability Company					
Dear Sir or N	Aadam:					
The enclosed	Registered Agent/Registered C	Office Chang	c and fe	c(s) are submitted for filing.		
Please return	all correspondence concerning	this matter t	o the fol	llowing:		
Lawrence Kia	ing					
	Name of Person			-		
LFGO LLC						
·	Firm/Company			-		
516 Dolphin A	Ave SE					
- · · · · · · · · · · · · · · · · · · ·	Address	_				
St. Petersburg	, FL 33705					
	City/State and Zip Code		·	-		
lfgomedia@g	mail.com					
E-mail	address: (to be used for future a	nnual report	notifica	tion)		
For further in	formation concerning this matte	er, please cal	11:			
Lawrence Kia	ng	321 at (1	6639004		
-	Name of Person			Area Code & Daytime Telephone Number		
Regi Divi: P.O.	stration Section sion of Corporations Box 6327 thassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Encl	osed is a check for the following	ng amount:				
■ \$2	5 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.

a)	LFGO LLC	ı	(b)	LFGO LLC		
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX)			
	516 Dolphin Ave SE		ţ	516 Dolphin Ave	SE	
	St. Petersburg, FL 33705			St. Petersburg, FL	_ 33705	
	July 7, 2020		L	20000205748		
	Date of filing/registration in Florida		_	Docu	nent number	
a)						
ш,	Registered Agent and Registered Office shown on the records	of the Flori	da I)	ept. of State:		
	Marni Perry					Ø
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRES	<u>SS)</u>		÷ 4,	_
	646 64th Ave S					. V D
	St. Petersburg	FL 33705				•
		· L		 _	200	77
)					MI SEP I L	
	Enter name of NEW Registered Agent and/or NEW Register	red Office a	iddra	<u>288</u>)		m
					or 强星	
	Joseph L Susi			-	w Sign	
	NEW Registered Office Address:				상 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
	2959 1st Avenue North			<u> </u>	~	
	St. Petersburg	FL 33713				
ge we rtic	mited liability company is not organized under the or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the memberseles of organization or the operating agreement of the	he register liability c s of the lir	red o comp mite	office and the bi pany, it is hereby d liability comm	usiness office of t	he registered he change(s)
	wrence Kiang	Lav	wren	ice Kiang		
nati	are of a member or authorized representative of a member	_	•	Printed	or typed name of sig	nec
reb isid bli	y accept the appointment as registered agent and a ons of all statutes relative to the proper and comple gations of my position as registered agent as provid ly reflect Achange in the registered office address, by writing of this change.	gree to ac le perform led for in I hereby c	t in nanc Cha confi	this capacity. I se of my duties. (pter 605, F.S. (irm that the limi	further agree to and Lam familiar Or, if this docume ited liability comp	comply with the with and accept that is being file any has been

FILING FEE: \$25,00

INHS18 (2-14)