120000382787

(Requestor's Name)
(Address)
(· 1001055)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duringer Falls Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

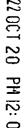
Office Use Only



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22----- (C) ----- (L) *425,00







'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. N	lame of the limited liability company: LCANT WAIT	TO TRAV	EL LLC				
7 (a)		<i>(</i>)-)				
4. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(c	(b)				any:
	15229 SW 54th St.		1830 N. University Dr. #313				
	Miramar, F1. 33027		Plantation, Fl. 33027				
	1/30/2022		1.200003827	78 7			
3.	Date of filing/registration in Florida	4.		Document num	ber		
£	 N						
5. (a	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State	_ c;			
	Service, Lisa		•				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	,	_			
	15229 SW 54th St.			_			
	Miramar , 1	FL			_,r	202	
	1			-	= 1	2022 OCT 20	
(b)					5.	2	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_		0	:
	NCH Registered Agent				FILAHÀSSEC	PM 12: 0	تعييا
	NEW Registered Office Address:			-	;····		
	390 North Orange Ave., Ste.2300-N			_			
	Orlando	FL 32801					
Sign. I here provis the object to metific	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the distribution of a member or authorized representative of a member who accept the appointment as registered agent and a gions of all statutes relative to the proper and completely effect a change in the registered agent as providing of this change.	he registere liability co s of the lim he limited li Anth	d office and mpany, it is ited liability ability com ony Service in this cana	d the business of shereby confirm y company or as apany. Printed or typed nactive. I further a	ffice of the ned that the sotherwise ame of signe	e registe e chang e provid	ered e(s) led in

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

INHS18 (2/14)