## L21000033866

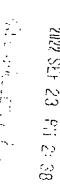
(Requestor's Name)						
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PICK-UP	☐ WAIT	MAIL				
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(Document Number)						
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## COVER LETTER

TO: Registration Section Division of Corporations	
LRRC LLC SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	ter to the following:
BENJAMIN WOLKOV	
Name of Person	
CALDERA LAW	
Firm/Company	<del></del>
7293 NW 2ND AVE	
Address	<del></del>
MIAMI, FL 33150	
City/State and Zip Code	<del></del>
jesse@caldera.law	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, please	e call:
Jesse Potterveld	786 321-3811
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 following amou	int:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

## 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	ame of the limited liability company: LRRC LLC					
2. (a)		(h	)			
J. (4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(*	,	Mailing address of limited (Note: MAY BE POST	liability con	npany:
	7338 NW MIAMI COURT					
	MIAMI, FL 33150					
	01/15/2021		1.21000033	866		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	)					
J. (a.	Registered Agent and Registered Office shown on the records of AXS LAW GROUP PLLC	fthe Florida	Dept. of Star	te:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2	_	_	_
	2121 NW 2ND AVE, SUITE 201					2022
	MIAMI	. 33127		_		65 11
	MIAMI, FI	L		_	•	ν2 -1
(b)	BENJAMIN WOLKOV					ີເລັ
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	dress:	_		<u> </u>
					•	بن
	CALDERA LAW			_	-	<b>ယ</b>
	NEW Registered Office Address:					
	7293 NW 2ND AVE			_		
	MIAMI	L				
chang- agent was/w the art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	ws of the c registere lability co of the lim	d office an mpany, it i ited liabilit	nd the business office of shereby confirmed that the company or as other upany.	of the regis at the char wise prov	stered nge(s)
Sign	ature of a member or authorized representative of a member			Printed or typed name of	signee	
provis the ob to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I ad in writing of this change.	ree to act performe ed for in C hereby co	in this cap ince of my hapter 602 infirm that	acity. I further agree duties, and I am famili S. F.S. Or, if this docu the limited liability co	to comply far with a ment is be mpany ha	with the nd accept ging filed as been
Signati	ure of Registered Agent					
A	Division of Corporations P.O.	Box 6327	'• Tallaha	ssee, FL 32314		