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To:

Division of Corporations

Fax Number

To: 18506176383

: (850)617-6383

From:

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Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803

Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE LA CATALANA LLC

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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	une of the limited liability company. LA CATALANA	LLC							
2.	(a)	(b)								
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of fimited liability company: (Note: MAY BE POST OFFICE BOX)							
										
3.		Date of filing/registration in Florida	<u>L21000063</u>	7988 Document number						
	(a)	CORPORATE CREATIONS NETWORK, INC. Registered Agent and Registered Office shown on the records o								
		801 US HWY 1								
		Registered Office Address (MUST BE FLORIDA STREET	<u>(ADDRESS)</u>							
		NORTH PALM BEACH F				2024 FEB	- 1			
(ħ)		Registered Agents Inc		_		20	į			
		Enter name of NEW Registered Agent and/q NEW Registere	d Office address:		•	Ar	m			
		7901 4th St N			. ('	9:				
		NEW Registered Office Address:			, S . Ja	ဒဒ				
		STE 300				w				
		St. Petersburg, F	1. 33702							
the age wa the	cha ent w s/we artic	mited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members eles of organization or the operating agreement of the	of the registered offi iability company, it of the limited liabil	ce and the business offi is hereby confirmed that ity company or as other	ee of the at the cha	register nge(s)				
	:	ure of a næmber of authorized representative of a member	Robin Jones			,				
S	ignat	ure of a member or authorized representative of a member		Printed or typed name of	signee					
pro the to i	visi: obli nere	ov accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I Fin writing of this change.	ree to act in this ca a performance of my ed for in Chapter 60 hereby confirm tha	pacity. I further agree y duties, and I am famil 95, F.S. Or, if this docu I the limited liability co	to comply iar with a ment is b mpany he	ewith to end according fil as been	he ept ed			

· Assistant Secretary

David Roberts

ignatule of Registered Agent