Florida Departmento State Division of Comora

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		
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LLC REGISTERED AGENT CHANGE LAURIAM REALTY LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Help

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: LAURIAM REAL	TY LLC				
	ne of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning thi	is matter to the following:				
Joshua Murphy					
Name of Person	 _				
Registered Agent Solutions, Inc.					
Firm/Company					
Corporate Center One, 5301 Southwes	st Pkwy, Ste 400				
Address	<u></u>				
Austin, TX 78735					
City/State and Zip Code					
E-mail address: (to be used for future ann	nual report notification)				
For further information concerning this matter,	please call:				
Joshua Murphy	888 705-7274				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
□ \$25 Filing Fee	S55 Filing Fee & Certified Copy				
INHS18 (2/14)					

15129570210

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

348 US HWY 301	(b)	36 THE OAKS		
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) RIVERVIEW, FL 33578		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) ROSLYN ESTATE, NY 11576		
1/2021	L	21000194210		
Date of filing/registration in Flor	rida 4.	Document numb	per	
JMBERGEXCELSIOR CORPC	RATE SERVICES.	, INC		
stered Agent and Registered Office shown on	the records of the Florida D	ept, of State:		
55 OFFICE PLACE D	OR 1ST FL			
stered Office Address (MUST BE FLORI	IDA STREET ADDRESS)			
ALLAHASSEE		•		
ALLAIIAGGLL	_{. FL} 32301	<u> </u>	2022	
egistered Agent Solution	, rъ		2022 JUL	
	ns, Inc.		2022 JUL 18	
gistered Agent Solution	ns, Inc.			
egistered Agent Solution rname of NEW Registered Agent and/or NE 55 Office Plaza Dr. Y Registered Office Address:	ns, Inc.		EULE: 2022 JUL 18 AM IO: 5	
egistered Agent Solution rname of NEW Registered Agent and/or NE 55 Office Plaza Dr.	ns, Inc.			
	VERVIEW, FL 3357 1/2021 Date of filing/registration in Flor JMBERGEXCELSIOR CORPO Stered Agent and Registered Office shown on 55 OFFICE PLACE D stered Office Address (MUST BE FLORI	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) VERVIEW, FL 33578 4/2021 Date of filing/registration in Florida JMBERGEXCELSIOR CORPORATE SERVICES. Stered Agent and Registered Office shown on the records of the Florida D 55 OFFICE PLACE DR 1ST FL	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) VERVIEW, FL 33578 ROSLYN ESTATE, 4/2021 Date of filing/registration in Florida JMBERGEXCELSIOR CORPORATE SERVICES, INC stered Agent and Registered Office shown on the records of the Florida Dept. of State: 55 OFFICE PLACE DR 1ST FL	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/	Albert Parísi	Albert Parisi	Authorized Person
Signature of a member or authorized representative of a member		Printed or typed name of signee	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to mereby reflect a change in the registered office address, I hereby confirm that the limited liability company has been

notified in writing of this change.

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent