## L21000196372

(F	Requestor's Name)	
(A)	Address)	
<u>(A</u>	Address)	
(C	Dity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	J. HORIVI
		J. HOR VI OCT Z 5
	Office Use Only	



800416270458

10/17/23--01009--017 \*\*25.00

23 0CT 17 \*H to 50

TO: Registration Section Division of Corporations LIRIS FONCILLC:  Name of Limited Liability Company  Dear Sir or Madam:  The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  LENLIE N BETTISON  Name of Person  LIRIS FONCILLC:  Firm/Company  1-401 SOROLLAAVE:  Address  CORAL GABLES, PL 33134  City/State and Zip Code  LBETTISON@MAC.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  LENLIE N BETTISON  Area Code & Daytime Telephone Num  Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following amount:		COVER	LETTER :
Division of Corporations  LIRIS FONCI LLC  SUBJECT:  Name of Limited Liability Company  Dear Sir or Madam:  The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  LESLIE N BETTISON  Name of Person  LIRIS FONCI LLC  Firm/Company  1401 SOROLLA AVE  Address  CORAL GABLES, FL 33134  City/State and Zip Code  LBETTISON@MAC.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  LESLIE N BETTISON  646  263-8461  at (	•		•
Name of Limited Liability Company  Dear Sir or Madam:  The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  LESLIE N BETTISON  Name of Person  LIRIS FONCI LLC  Firm/Company  1401 SOROLLA AVE  Address  CORAL GABLES, FL 33134  City/State and Zip Code  BETTISON@MAC.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  LESLIE N BETTISON  Area Code & Daytime Telephone Num  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Tallahassee, FL 32303			
Name of Limited Liability Company  Dear Sir or Madam:  The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  LESLIEN BETTISON  Name of Person  LIRIS FONCILLC  Firm/Company  1401 SOROLLA AVE  Address  CORAL GABLES, FL 33134  City/State and Zip Code  LBETTISON@MAC.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  LESLIEN BETTISON  646  263-8461  at (	LIRIS FONCI LLC		
Dear Sir or Madam:  The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  ESLIE N BETTISON  Name of Person  JRIS FONCHLIC  Firm/Company  401 SOROLLA AVE:  Address  JORAL GABLES, FL 33134  City/State and Zip Code  BETTISON@MAC.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  JESLIE N BETTISON  Area Code & Daytime Telephone Num  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Tallahassee, FL 32303		<u> </u>	
Please return all correspondence concerning this matter to the following:  Please return all correspondence concerning this matter to the following:  Name of Person  Address  ORAL GABLES FL 33134  City/State and Zip Code  BETTISON@MAC.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ESSLIE N BETTISON  Area Code & Daytime Telephone Num  Mailing Address:  Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Tallahassee, FL 32303	Name	of Limited L	Liability Company
Please return all correspondence concerning this matter to the following:    Page 15	Dear Sir or Madam:		
Name of Person  IRIS FONCILLC  Firm/Company  401 SOROLLA AVE  Address  ORAL GABLES, FL 33134  City/State and Zip Code  BETTISON@MAC.COM  E-mail address: (to be used for future annual report notification)  for further information concerning this matter, please call:  ESLIE N BETTISON  Area Code & Daytime Telephone Num  Mailing Address:  Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Tallahassee, FL 32303	he enclosed Registered Agent/Registered Office	Change and	I fee(s) are submitted for filing.
Name of Person  JRIS FONCILLC  Firm/Company  401 SOROLLA AVE  Address  CORAL GABLES, FL 33134  City/State and Zip Code BETTISON@MAC.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  LESLIE N BETTISON  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Name of Person  Name of Person  Name of Person  Area Code & Daytime Telephone Num  Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Tallahassee, FL 32303	Please return all correspondence concerning this r	natter to the	following:
Firm/Company  401 SOROLLA AVE  Address  CORAL GABLES. FL 33134  City/State and Zip Code BETTISON@MAC.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  BELIEN BETTISON  646  263-8461  at ()  Name of Person  Area Code & Daytime Telephone Num  Mailing Address:  Registration Section Division of Corporations P.O. Box 6327  Tallahassee. FL 32314  Tallahassee. FL 32303	ESLIE N BEITISON		
Firm/Company  Address  CORAL GABLES. FL 33134  City/State and Zip Code  BEITISON@MAC.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  LESIJE N BEITISON  Area Code & Daytime Telephone Num  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Tallahassee, FL 32303	Name of Person		
Address  CORAL GABLES, FL 33134  City/State and Zip Code BEITISON@MAC.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  LESLIEN BETTISON  Area Code & Daytime Telephone Num  Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Tallahassee, FL 32303	JRIS FONCI LLC		
Address  CORAL GABLES, FL 33134  City/State and Zip Code  BETTISON@MAC.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ESLIEN BETTISON  646  263-8461  Name of Person  Area Code & Daytime Telephone Num  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Tallahassee, FL 32303			<u> </u>
Address  City/State and Zip Code  BETTISON@MAC.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ESLIE N BETTISON  Area Code & Daytime Telephone Num  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Tallahassee, FL 32303	Firm/Company		
City/State and Zip Code BETTISON@MAC.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ESLIE N BETTISON  Area Code & Daytime Telephone Num  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  City/State and Zip Code  BETTISON  Area Code & Daytime Telephone Num  Street Address: Registration Section Division of Corporations Division of Corporations P.O. Box 6327  The Centre of Tallahassee Tallahassee, FL 32303	401 SOROLLA AVE		
City/State and Zip Code BETTISON@MAC.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  LESLIE N BETTISON  646  263-8461  at ()  Name of Person  Area Code & Daytime Telephone Num  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  City/State and Zip Code  BETTISON  646  263-8461  Area Code & Daytime Telephone Num  Street Address: Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee  2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Address		<del></del>
E-mail address: (to be used for future annual report notification)  for further information concerning this matter, please call:  ESLIE N BETTISON  Name of Person  Area Code & Daytime Telephone Num  Mailing Address: Registration Section Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Registration Street, Suite 810 Tallahassee, FL 32303	CORAL GABLES, FL 33134		
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ESLIEN BETTISON  646  263-8461  at (	City/State and Zip Code		
For further information concerning this matter, please call:  LESLIE N BETTISON  Name of Person  Area Code & Daytime Telephone Num  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	BETTISON@MAC.COM		
Area Code & Daytime Telephone Num  Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  ESLIE N BETTISON  646 263-8461  263-8461	E-mail address: (to be used for future annua	l report noti	fication)
Name of Person  Area Code & Daytime Telephone Num  Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Tallahassee, FL 32314  Area Code & Daytime Telephone Num  Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	or further information concerning this matter, ple	ease call:	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	ESLIE N BETTISON	646	263-8461
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	Name of Person	at (	)
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Name of Ferson		Area code a Baytine relephone (vamoe
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Tallahassee, FL 32314  2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	•		
Tallahassee. FL 32303			
	Tallahassee, FL 32314		
Enclosed is a check for the following amount:			Tallahassee, FL 32303
	Enclosed is a check for the following an	nount:	
■ \$25 Filing Fee	■ \$25 Filing Fee	<b>-</b> \$	555 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.

1. Na	LIRIS FONCI LL ame of the limited liability company:		<u> </u>	
2. (a)			(b)	
(,	Principal office address of limited liability company:		· / <del></del>	Mailing address of limited liability company:
	( <i>Nøte: MUST BE STREET ADDRESS</i> ) 1401 SOROLLA AVE		1401 S	( <u>Note: MAY BE POST OFFICE BOX</u> ) OROLLA AVE
	CORAL GABLES, FL 33134	_	CORA	L GABLES, FL 33134
			•	
	04/27/2021		L210001	196372
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
,	Registered Agent and Registered Office shown on the records of LESLIE N BETTISON	the Flor	ida Dept. of	State:
	Registered Office Address 6200 GRANADA BLVD	<u>ADDRE</u>	<u>.SS)</u>	
	CORAL GABLES, FI	33146		
(b)				23 OCT 17 FII
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	<del>-</del>
	LESLIE N BETTISON			<u></u>
	NEW Registered Office Address: 1401 SOROLLA AVE			* 50
	CORAL GABLES, FI	33134		
change agent was/w the art Signa I here provis the obs to mer	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 liere authorized by an affirmative vote of the members of icles-of-organization or the operating agreement of the identification of the interest of a member of the identification of the appointment as registered agent and against of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. It is a marriting of this change.	registo ability of the 1 limited LI —	ered office company, imited liab I liability ESLIE N B act in this common of	e and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company.  ETTISON  Printed or typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and accent