Florida Department of State

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(((H24000031623 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

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

Email Address: EFILE1234@INCFILE.COM

LLC REGISTERED AGENT CHANGE LOUIGENOR PREMIUM SERVICES LLC

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JAN 25 2024 K. Brumble)

COVER LETTER

(((H24000031623 3)))

TO: Registration Section Division of Corporations			
SUBJECT:	LOUIGENOR PREM	IIUM SERVICES LLC	
Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Reg	gistered Office Change	and fee(s) are submitted for filing.	
Please return all correspondence cor	nceming this matter to	the following:	
LOVETTE DOBSON			
Name of Po	erson		
Firm/Comp	 pany		
17350 STATE HWY 249 STE 220			
Address			
HOUSTON, TX 77064	7: Co.4.		
City/State and	Zip Code		
E-mail address: (to be used for	r future annual report r	notification)	
For further information concerning	•		
LOVETTE DOBSON	1	8884623453	
Name of Person	at (Area Code & Daytime Telephone Numbe	
		•	
Mailing Address: Registration Section		Street Address: Registration Section	
Division of Corporations		Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	
		Tallahassee, FL 32303	
Enclosed is a check for the	e following amount:		
■ \$25 Filing Fee	C	\$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

(((H24000031623 3)))

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: LOUIGENOR	PREMIUM SERVICES LLC
2. (a)	2582 RIVERSIDE DR.	(b) 2582 RIVERSIDE DR.
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	CORAL SPRINGS, FL 33065	CORAL SPRINGS, FL 33065
	06/07/2021	L21000262837
3.	Date of filing/registration in Florida	4. Document number
5. (a)	UNITED STATES CORPORATION AGENTS, INC Registered Agent and Registered Office shown on the records of 476 RIVERSIDE AVE. Registered Office Address (MUST BE FLORIDA STREET)	the Florida Dept. of State:
(b)	JACKSONVILLE FI REPUBLIC REGISTERED AGENT LLC Enter name of NEW Registered Agent and/or NEW Registered	
	1150 Nw 72nd Ave Tower I	
	NEW Registered Office Address:	
	Ste 455	
	Miami FI	33126
ehange agent volumes/ver the article Signal I herei provisi the obline of the merei to merei the merei to merei to merei the signal to merei to merei the article the ar	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cales of organization or the operating agreement of the horse of a member or authorized representative of a member by accept the appointment or registered agent and our	ws of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company. Johnnian Louigenor Printed or typed name of signee we to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept d for in Chapter 605, F.S. Or, if this document is being filed thereby confirm that the limited liability company has been