h21000308556

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	_ Certificates	s of Status					
Special Instructions to Filing Officer:							

Office Use Only





400390782214

j. . . . --G. . --G:: •+55. C

222 CH 13 PM 5: 14

COVER LETTER

TO:

1NHS18 (2/14)

TO:	Registration Section Division of Corporations			
	,			
SUBJI	ECT: Lans Solutions LLC			
		Name of Limited	Liability Company	
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered	Office Change ar	d fee(s) are submitted for filing.	
Please	return all correspondence concernir	ng this matter to th	e following:	
Luis Ar	roche			
	Name of Person			
Lans So	olutions LLC			5255
	Firm/Company			::
2059 Jo	shua Dr			; ;
	Address			:Х
Canton	ment, FL 32533			<u></u>
	City/State and Zip Co	de		
	the193@gmail.com -mail address: (to be used for future	annual ranget not	ification)	
	ther information concerning this ma	·	incarron,	
	_	·		
Luis Ar	Name of Person	at (<u>305</u>) 338-4501	
	name of Person		Area Code & Daytime Telephone Number	
	Mailing Address:		Street Address:	
Registration Section		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 follow	ving amount:		
	□ \$25 Filing Fee		\$55 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	me of the limited liability company: Lans Solutions I	JLC					
2. (a)		Lans Solutions LLC (b) Lans Solutions		Lans Solutions LLC				
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability co (Note: MAY BE POST OFFICE)				
		2059 Joshua Dr			2059 Joshua Dr			
		Cantonment, FL, 32533			Cantonment, FL 32533	 		
		07/06/2021		<u>l</u>	L21000308556			
3.		Date of filing/registration in Florida	4.		Document nu	ımber		
5.	(a)	ZenBusiness Inc.						
	(11)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
		ZenBusiness Inc.						
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				n a		
		336 E. College Ave. Suite 301				1.73 153 153		
		330 12. Conlege Ave. State 301				(<u>:</u>		
		Tallahassee , F	L_3230) [
	(b)	Sissy Vives				;		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Offic	e add	ress:	(A)		
								
		857 El Camino Dr						
		NEW Registered Office Address:						
		Cantonment	_[] 3253	3				
								
cha age	inge ent w	mited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members	e regis iabilit	stered y con	foffice and the business npany, it is hereby confi	s office of the registered irmed that the change(s)		
		cles of organization or the operating agreement of the				as otherwise provided in		
		Marin Am		Luis 7	Aroche			
S	ignat	ure in a member or authorized representative of a member	-		Printed or type	d name of signee		
pro the to i	visio obli nere	ov accept the appointment as registered agent and ag ons 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 I'm writing of this change.	ree to e perfo ed for hereb	act i orman in Cl y con	n this capacity. I furthe ace of my duties, and I a apter 605, F.S. Or, if t afirm that the limited lia	r agree to comply with the im familiar with and accept his document is being filed bility company has been		

Signature of Registered Agent