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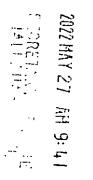
(Requestor's Name)				
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PICK-UP WAIT MAIL				
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COVER LETTER

TO: Registration Section Division of Corporations					
LBA MULTI SERVICES LLC					
SUBJECT: Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Of	ffice Change an	d fee(s) are submitted for filing.			
Please return all correspondence concerning t	his matter to th	e following:			
ALFREDO A MOSQUERA					
Name of Person		 -			
LBA MULTI SERVICES LLC					
Firm/Company	· · · · · ·				
12540 SPLENDID PL SUITE 6320					
Address					
ORLANDO, FL 32821					
City/State and Zip Code			17.1. 10.17.		
lbamultiserviceslle@gmail.com			TATA CANA		
E-mail address: (to be used for future an	inual report not	ification)			
For further information concerning this matte	r, please call:		t. Ki		
Alfredo A Mosquera	786 at (3937948	; - <u>-</u>		
Name of Person	at (Area Code & Daytime Telepho	one Number		
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, Sur Tallahassee, FL 32303	ite 810		
Enclosed is a check for the followin	g amount:				
■ \$25 Filing Fee	0	\$55 Filing Fee & Certified Copy			

INHS18 (2/14)

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	ame of the limited liability company: LBA MULTI	SERVICE	S LLC	
2. (a)			(b)	
(_)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(*)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	344O W HOLLYWOOD BLVD		3440	W HOLLYWOOD BLVD
	HOLLYWOOD, FL 32801		HOL	LYWOOD FL, 32821
	11/10/2021		L21000	0486176
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	LEGALCORP SOLUTIONS,LLC			
5. (a)	Registered Agent and Registered Office shown on the records	s of the Flor	ida Dept. o	of State:
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRE	<u></u>	
	3440 W HOLLYWOOD BLVD SUITE 415			
	HOLLYWOOD	FL 33021		
(b)	ALFREDO MOSQUERA			2022 HAY 27
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	red Office	address:	THE WAY
				27
	NEW Registered Office Address:			
	12540 SPLENDID PL SUITE 6320			
	ORLANDO	FL_32821		., -
Signa I here provisithe obit to mere	timited liability company is not organized under the cor changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the accept the appointment as registered agent and complete to the proper and completely reflect a change in the registered office address, d in writing of this change.	the registed liability rs of the labeling the limited agree to a late perfor	ered office company imited liability disability and the control of	ce and the business office of the registered (r, it is hereby confirmed that the change(s) ability company or as otherwise provided in company. LAURA BORGES Printed or typed name of signee (capacity. I further agree to comply with the first duties, and I am familiar with and accept

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00