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(Requestor's Name)				
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(CII	ry/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:	-		
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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations		. ,			
SUBJ	CT. LUCID BUSINESS ENTERPRISES LLC					
0020		Name of Limited Liability Company				
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered (Office Change an	d fee(s) are submitted for filing.			
Please	e return all correspondence concerning	this matter to th	e following:			
Victor	ia Padron					
	Name of Person					
ZenBu	usiness Inc.					
	Firm/Company					
336	E. College Ave. Suite 301					
	Address					
Ta	llahassee, FL 32301					
	City/State and Zip Cod	e				
fulfill	ment@zenbusiness.com					
	E-mail address: (to be used for future	annual report not	nfication)			
For fu	orther information concerning this mat	ter, please call:				
Victor	ria Padron	844 at (493-6249			
	Name of Person	a (Area Code & Daytime Telephone 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, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the follow	ing amount:				
	☐ \$25 Filing Fee		\$55 Filing Fee & Certified Copy			
INHS	18 (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.

l. Na	me of the limited liability company: LUCID BUSIT			
2. (a)	7491 AGUILA DRIVE	(b	7491 A	GUILA DRIVE
``	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SARASOTA, FL 34240		SARAS	OTA, FL 34240
	12/23/2021		L22000	002097
3. 5. (a)	Date of filing/registration in Florida VILLARREAL, JIMMY	4.		Document number
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Stat	 e:
	7491 AGUILA DRIVE			_
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u> </u>	_
	SARASOTA , FI	34240		_
(b)	ZenBusiness Inc.			SEC TA
(-)	Enter name of NEW Registered Agent and/or NEW Registeres	d Office ad	dress:	RE AF
	336 E. College Ave.			SECRETARY OF ST
	NEW Registered Office Address:			
	Suite 301		,	AMIL: 34 OF STATE SEE, FATE
	Tallahassee , F	L		<i>™ ‡</i>
change agent v was/we the arti	imited 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 icles of organization or the operating agreement of the	register register is ability con of the limited is	ed office an ompany, it in nited liability liability cor	of the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
Signa	s/ Jimmy Villarreal ture of member of authorized representative of a member	JII	nmy Villa	Printed or typed name of signee
I here provisi the obl to mer notifie	by accept the appointment as registered agent and agents of all statutes relative to the proper and complete ligations of my position as registered agent as provide light of the registered office address, I in writing of this change.	ree to act perform d for in (hereby c	t in this cap ance of my Chapter 60: onfirm that	acity. I further agree to comply with the