122000049326

(Requestor's Name)					
(Address)					
(A.1.1-					
(Address)					
(City/s	State/Zip/Phone	#)			
PICK-UP	■ WAIT	MAIL			
(Busil	ness Entity Nam	ie)			
(Docu	ıment Number)				
Certified Copies	Certificates	of Status			
· <u>-</u>					
Γ					
Special Instructions to Fil					
Q. 5	SILAS				
MAY	2 3 2022				
MIN)	[5 ===				

Office Use Only



300385524253

04/11/22--01034--024 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	LANZ DEVELOPMENT LLC		
		Name of Limited	Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for filing.
Please	return all correspondence concernin	g this matter to th	ne following:
GUST.	AVO FERNANDEZ		
	Name of Person		
XPRES	SS INTERNATIONAL LLC		
	Firm/Company		
2893 E	XECUTIVE PARK DR SUITE 109		
	Address		
WEST	ON FL 33331		
	City/State and Zip Coo	de	
gushefe	er@spressinternational.net		
E	-mail address: (to be used for future	annual report no	litication)
For fur	ther information concerning this ma	tter, please call:	
Маута	Perdomo	954 at (8025399
	Name of Person	u. (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	ring amount:	
	\$25 Filing Fee		\$55 Filing Fee & Certified Copy
INHSI	3 (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	nme of the limited liability company:LANZ DEVELOPM	MENT	LLC		
	2800 GLADES CIRCLE SUITE E-107 WESTON FL 33327	327 (b) 2800 GLAF			DES CIRCLE SUITE E-107 WESTON FL 3
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	01/27/2022	-	L21	200004932	
 (a) 	Date of filing/registration in Florida F & S PROJECTS CORP	4.		1	Document number
J. (u)	Registered Agent and Registered Office shown on the records of the 1920 N COMMERCE PARKWAY	e Florid	la Dep	pt, of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) SUITE 1920-3				SF >
	WESTON .FL ³	3326			SECRETAR TALLAH
(b)	XPRESS INTERNATIONAL LLC				R II AM
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address: 2893 EXECUTIVE PARK DR			<u></u> <u>>\$</u> :	AMIL: 13 OF STATE SEE, FL
	NEW Registered Office Address: SUITE 109				ர ்
	WESTON, FL	3331			
change agent v was/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the line.	egister ility co the lin	ed o ompa nited	ffice and any, it is I liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signa	ture of a member or authorized representative of a member				Printed or typed name of signee
provisi the obl to mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete point igations of my position as registered agent as provided yely reflect a change in the registered office address. I he is in writing of this change.	e to ac erform for in (reby c	t in t ance Chap onfii	this capac e of my di pter 605, rm that th	rity. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed to limited liability company has been
Signatu	re of Registered Agent				

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

NHS18 (2/14)