

L220000243038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

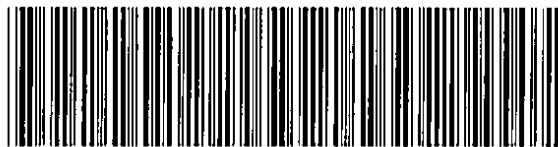
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2024 JUN 17 PM 1:38  
SPOKANE, IDAHO  
JUL 17 2024

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

VALDELAGRANA

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT KAISER

Name of Person

VALDELAGRANA, LLC

Firm/Company

465 S. ORLANDO AVE #201

Address

MAITLAND, FL 32751

City/State and Zip/Code

KAISERROBERT1@MAC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN KAISER

Name of Person

at (407) 929-5820

Area Code &amp; 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 following 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. Name of the limited liability company: VALDELAGRANA, LLC
2. (a) 465 S. Orlando Ave #201 (b) Maitland, FL 32751  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
- 465 S. Orlando Ave #201 1670 HYRON TRL  
Maitland, FL 32751 MAITLAND, FL 32751
- 05/25/2022 L22000243038  
3. Date of filing/registration in Florida 4. Document number

5. (a) L.T.S.C. LLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
28 W. PARK AVE, LAKE WALES, FL 33853  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
28 W. PARK AVE LAKE WALES, FL 33853  
LAKE WALES FL FL
- (b) ROBERT KAISER  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
1550 Drexel Ave, WINTER HAVEN, FL 33881  
**NEW Registered Office Address:**  
1550 Drexel Ave, WINTER HAVEN, FL 33881  
WINTER HAVEN FL 33881
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

L.T.S.C. MARIS WARDA  
Signature of a member or authorized representative of a member Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent