(Requestor's Name)						
(Address)						
(Ád	ldress)	·····				
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	WAIT	MAIL				
(Bu	ısiness Entity Nan	ne)				
(Do	ocument Number)					
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						
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COVER LETTER *

TO:	Registration Section Division of Corporations		±.
SUBJI	Luu Capital LLC		
		ne of Limited L	iability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the	following:
Lindsy	Lau		
	Name of Person		
N/A			
	Firm/Company		_
7141 R	yedale Ct.		
	Address		
Saraso	a FL 34241		
	City/State and Zip Code		
lindsyl	uu@live.com		
E	E-mail address: (to be used for future and	nual report notif	ication)
For fu	ther information concerning this matter.	please call:	
Lindsy	Luu	315 at (400-2524
	Name of Person	(Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section Division of Corporations		Registration Section 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 following	amount:	
	■ \$25 Filing Fee	□ s	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 compansubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

Luu Capital LLC

Name of the limited liability company: 7141 Ryedale Ct. Sarasota FL 34241

2. (a)	7141 Ryedale Ct. Sarasota FL 34241		(b) 7141 Ryedale Ct. Sarasota FL 34241			
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	7/1/2022	[.	22000297	221		
3.	Date of filing/registration in Florida	4.		Document number	er	
5. (a)	Legaline Corporate Services Inc Wesley		lan			
, (u)	Registered Agent and Registered Office shown on the records of t	the Florida I		e:		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)				
	Fort Myers, FL_	33907		_		
(b)	Lindsy Luu					
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	<u>'ess</u> :	_	FILL RETARY NOT C	
	NEW Registered Office Address:			_	TAR OF C	
					PH PROPERTY PROPERTY OF THE PR	
	7141 Ryedale Ct.	_		_	الا	
	Sarasota, FL	34241	_	_	STATE ORATION: 3: 29 /	
thange igent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered bility con f the limit	office an pany, it is ed liabilit	d the business off s hereby confirme y company or as o	ice of the registered ed that the change(s)	
	\sim	Linds	yLuu			
Signa	ture of a member or authorized representative of a member			Printed or typed nar	ne of signee	
he obl 0 mere	by accept the appointment as registered agent and agre ins of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h I in writing of this change.	ve to act i performan I for in Ch ereby con	n this cape ice of my e apter 605 firm that	acity. I further ag duties, and I am fo , F.S. Or, if this o the limited liabilit	gree to comply with the amiliar with and accept document is being filed ty company has been	
Signatu	re of Registered Agent					
	Division of Corporations• P.O. E FILING FI			ssee. FL 32314		