Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone

: (323)962-8600

Fax Number

: (323)389-0502

Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.

Email	Address:	



LLC REGISTERED AGENT CHANGE **LUNA THEORY LLC**

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K. SALY

JAN 1 U 2024

TO:

INFIS18 (2/14)

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LUNA THEORY LLC	
	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	is matter to the following:
Cheyenne Moseley	
Name of Person	
Legalzoom.com, Inc.	
Firm/Company	
101 N. Brand Blvd., 11th Floor	
Address	
Glendale, CA 91203	
City/State and Zip Code	
brndn8r2003@gmail.com	
E-mail address: (to be used for future ann	ual report notification)
For further information concerning this matter,	please call:
Cheyenne Moseley	800 773-0888 ext 9724
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
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 695.0116. Florida Statutes, the undersigned limited liability company submits me following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: LUNA THI	EORY LL	_C		
	Principal office address of limited hability company (Note: MUST BE STREET ADDRESS) 15624 STARLITE ST	(b)	(b)		
	CLERMONT, FL 34714	CLERMONT, FL 34714			
	11/07/2022	L220	2000476801		
3	Date of filing/registration in Florida	4.	Document number		
	Registered Agent and Registered Office shown on the records of UNITED STATES CORPORATION AGENT Registered Office Address (MUST BE FLORIDA STREET), 476 RIVERSIDE AVE JACKSONVILLE FL. Enter name of NEW Registered Agent and/or NEW Registered Brandon Luna NEW Registered Office Address:	S, INC. ADDRESS 32202 Office address:	2024 JAN TO PH 3: 50		
	CLERMONT . FI.				
agent v	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the State the registered ability compar of the limited I	e of Florida, it is hereby confirmed that after d office and the business office of the registe my, it is hereby confirmed that the change(s) liability company or as otherwise provided in	ered	
Programme 1	andon tuna turo of a member or authorized representative of a member	Brandor	n Luna, Member		
I here provisi the obi to mer	twic or a member it administed representative of a member that against the appointment as registered agent and agains of all statules relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I for inviting of this change.	ee to act in the performance of d for in Chapte hereby confirm	Printed or typed name of signer its capacity. I further agree to comply with the of my duties, and I am familiar with and accident 50.5, F.S. Or, if this document is being film that the limited liability company has been	the cept led s	
	ndon Luna are of Registered Agent	Brandon Li	una		
e «Room	ne or requirered region				

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

DMIS18 (2/14)