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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500 Fax Number : (702)900-2290

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LLC REGISTERED AGENT CHANGE LEN-ELL ENTERPRISES, LLC

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T. LEMIEUX

COVER LETTER				
TO: Registration Section Division of Corporations				
SURJECT:				
	Name of Limited Liability Company			
Dear Sir or Madain:				
The enclosed Registered Agent/Registere	d Office Change and feets) are submitted for filing.			
Please return all correspondence concerni	ng this matter to the following:			
Joanna Fernande	DZ.			
Name of Person				
InCorp Services, I	nc.			
Firm/Company				
3773 Howard Hughes Pkwy	/ Suite 500S			
Address				
Las Vegas, NV 89169	9-6014			
City/State and Zip Co	ode			
managedreports@incor	rp.com			
E-mail address: (to be used for future annual report notification)				
For further information concerning this m	atter, please call:			
Joanna Fernandez for InCorp Services, Inc. 800-246-2677				
Name of Person	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 follo	wing amount:			
₩ \$25 Filing Fee	S55 Filing Fee & Certified Copy			

INHS18 (2/14)

G

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. N	ame of the limited liability company: LEN-ELL ENT	ERPRISES, L	LC	
2. (a)	OLEO CIM Alminas Ch	(b) 2150 SW Alminar St		
()	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	Port Saint Lucie FL 34953	Port	Saint Lucie FL 34953	
	11/10/2022		00482122	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	NAEF, RODNEY H			
•	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	f State	
	2150 SW Alminar St			
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS)</u>		
	Port Saint Lucie . FL	34953	2023 H.: Y	
(b)	InCorp Services, Inc. Enter name of NEW Registered Agent and/or NEW Registered	I / Wice orldware		
		Connec address	**	
	3458 Lakeshore Drive		· · · · · · · · · · · · · · · · · · ·	
	NEW Registered Office Address		.: 3	
	Tallahassee Fi.	32312		
the chagent was/w	limited liability company is not organized under the law auge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered of ability company of the limited lia	office and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company.	
Signa	nture of a member or authorised representative of a member		Frinted or typed name of signee	
provis the ob to mer notific	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It don't writing of this change.	performance of d for in Chapte, hereby confirm	my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited hability company has been	
	Louise Breytenbach	on venan un	HOULD DELAIGES! HIG.	

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

Signature & Registered Agent