

# L24000055025

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

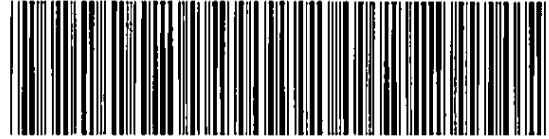
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700431898397

06/20/24--01015--019 \*\*25.00

FILED  
2024 JUN 20 PM 12:56  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LAHENS EQUITY, LLC  
\_\_\_\_\_  
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:

MARIA T GARCIA  
\_\_\_\_\_  
Name of Person

LAHENS EQUITY, LLC  
\_\_\_\_\_  
Firm/Company

8950 SW 74TH CT, SUITE 1702  
\_\_\_\_\_  
Address

MIAMI, FL 33156  
\_\_\_\_\_  
City/State and Zip Code

DRAMARIAGARCIA@YAHOO.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA T GARCIA                      305                      407-8824  
\_\_\_\_\_  
Name of Person                      at (                      )                      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 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: LAHENS EQUITY, LLC

2. (a) 8950 SW 74TH CT (b) 7101 SW 95TH 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**)

SUITE 1702

MIAMI, FL 33156

PINECREST, FL 33156

01/30/2024

L24000055025

3. Date of filing/registration in Florida 4. Document number

5. (a) MARIA T GARCIA

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

8950 SW 74TH CT

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 1702

MIAMI, FL 33156

(b) NATHALIE M MARICHAL

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

8950 SW 74TH CT

**NEW** Registered Office Address:

SUITE 1702

MIAMI, FL 33156

FILED  
2024 JUN 20 PM 12:56  
TALLAHASSEE, FLORIDA

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.

MARIA T GARCIA

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 of Registered Agent

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