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(Requestor's Name)					
(Address)					
(Ad	idress)				
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO: Registration Section Division of Corporations

LYONS-BUSTAM	II, LLC						
Name of Limited Liability Company							
m:							
istered Agent/Registered Off	ice Change a	nd fee(s) are submitted for filing.					
orrespondence concerning th	is matter to th	ne following:					
Name of Person							
Firm/Company							
e. Suite 301							
Address							
301							
City/State and Zip Code							
ım							
ess: (to be used for future ann	ual report no	tification)					
nation concerning this matter,	please call:						
	8 44 at (493-6249)					
ame of Person		Area Code & Daytime Telephone Number					
cion Section of Corporations : 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
is a check for the following	amount:						
ling Fee		\$55 Filing Fee & Certified Copy					
	Name of Person City/State and Zip Code Sess: (to be used for future annuation concerning this matter, lame of Person Address: ion Section of Corporations (6327) see, FL 32314	ni: gistered Agent/Registered Office Change a correspondence concerning this matter to the Name of Person Firm/Company Solute 301 Address City/State and Zip Code om ess: (to be used for future annual report not nation concerning this matter, please call: at (at (Address: ion Section of Corporations of Corporations of Corporations of Corporations of Corporations of Capacital sec. FL 32314 is a check for the following amount:					

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.

. Na	ame of the limited liability company:LYC	<u> SMC</u>	-BUSTAI	MI, LLC			
. (a)	3215 LAKE ANDERSON AVENUE		(b) 3215 LAKE ANDERSON AVENUE				
. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(°)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	ORLANDO, FL 32812		ORLA ——	ANDO, FL 32812			
	03/04/2024		L24000	110467			
	Date of filing/registration in Florida		4.	Document number	r		
.	BUSTAMI, RAMI						
. (a)	Registered Office Address (MUST BE FLORIDA STREET A	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2021		
	3215 LAKE ANDERSON AVENUE			••	2024 118.4	===	
	Registered Office Address (ST BE FLORIDA STREET ADD	ORESS)			Y 28	5	
	ORLANDO	 . FL	32812		Kii 5:		
(b)	ZenBusiness Inc			<u> </u>	47		
(-)	Enter name of NEW Registered Agent and/or NEW Regist	ered Of	ffice address:				
	336 E. College Ave. Suite 301						
	NEW Registered Office Address:						
	Tallahassee		32301	 			
	ranamassee	, FL_					
hange gent v as/w ne art	limited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limiterer authorized by an affirmative vote of the member icles of organization or the operating agreement of	`the re d liabi ers of t	gistered offic- lity company. he limited lia	e and the business offic , it is hereby confirmed bility company or as of	e of the that the herwise	e registered e change(s)	
	Rami Bustami nure of a member or authorized representative of a member	-		Printed or typed nam		ee	
, ,	by accept the appointment as registered agent and ions of all statutes relative to the proper and compl ligations of my position as registered agent as prov ely reflect a change in the registered office address	agree lete pe vided fo s, I her	to act in this rformance of or in Chapter reby confirm t	amounts I further our	aa to ce	amply with the	
Signatu	ire of Registered Agent	-					