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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: LAUREL CANYONE I	LLC
	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
Michael Serrano	
Name of Person	
ZenBusiness Inc.	
Firm/Company	·······
336 E. College Ave. Suite 301	
Address	<del></del>
Tallahassee, FL 32301	
City/State and Zip Code	
ra@zenbusiness.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Michael Serrano 8	344 493-6249
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 following amoun	it:
■ \$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. N	ame of the limited liability company: LAUR	EL C	<u>ANYO</u>	NE LLC
2. (a)	3301 NE 1ST AVE #1415	(	b) 3301 NE	IST AVE #1415
_, ()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	`	~,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MIAMI, FL 33137		MIAMI, F	FL 33137
	05/20/2024	_	L24000233	147
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	MCLEAN, KIAN			
5. (a)	Registered Office Address (MUST BE FLORIDA STREET ADDI	RESS)	<del></del>	<del>-</del>
(b)	3301 NE 1ST AVE #1415			
	Registered Office Address (ST BE FLORIDA STREET ADDRESS)			2024 JUN TÄLLAHÄ
	MIAMI . FL	3313	7	JUN 26 AHASS
	ZenBusiness Inc			AMIO: 18
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	336 E. College Ave. Suite 301			
	NEW Registered Office Address:			
	Tallahassee	323	301	_
	, FL	·	<u> </u>	_
change agent v was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	register ability co of the lin	ed office an ompany, it i nited liabilit	Id the business office of the registered s hereby confirmed that the change(s) by company or as otherwise provided in
	Kian McLean			Kian McLean
_	ature of a member or authorized representative of a member			Printed or typed name of signee
I here provis, the obi to mer notifie	hy accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I have the complete of the complete address and the complete address. I have the complete address and the complete address.	ee to ac perform I for in ( iereby c	t in this cap ance of my Chapter 603 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
	that Henry			
Signati	ire of Registered Agent			