



Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

\*\*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  
LAB DESIGNS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SEP 14 2016

S. YOUNG

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Corporate Filing Menu

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lab Designs 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:

A. Carrizo

\_\_\_\_\_  
Name of Person

Lab Designs LLC

\_\_\_\_\_  
Firm/Company

1111 Brickell Av, Suite 2801

\_\_\_\_\_  
Address

Miami, FL 33131

\_\_\_\_\_  
City/State and Zip Code

labdesignsllc@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

A. Carrizo

786

4677129

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

16 SEP 13 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### 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: Lub Designs LLC
2. (a) C/O Andres Molgora  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
1111 Brickell Av, suite 2801  
Miami, FL 33131  
08/18/2011
- (b) C/O Andres Molgora  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
1111 Brickell Av, suite 2801  
Miami, FL 33131  
M11000004163
3. 08/18/2011 Date of filing/registration in Florida
4. M11000004163 Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
BELLO, ELIZABETH ESQ.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1420 WEST 68 STREET  
HIALEAH, FL 33014
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
C T Corporation System  
**NEW** Registered Office Address:  
1200 South Pine Island Road  
Plantation, FL 33324

16 SEP 13 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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.

[Signature]  
Signature of a member or authorized representative of a member

A. Carrizo

Printed or typed name of signee

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.

By: C T Corporation System  
Ternell Kearney  
Signature of Registered Agent

Ternell Kearney Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILED FOR: \$25.00