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(Requestor's Name) (Address) (Address)	100314385171
(City/State/Zip/Phone #)	06/14/1801601023 ★★25.00
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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

TO: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: June 11, 2018

Order#: 243560-043

Re: LAURUS INTERNATIONAL ENTERPRISES, LLC

Enclosed please find:

 $\frac{XX}{XX}$ Change of Registered Agent and Office. $\frac{XX}{X}$ Check in the amount of \$25___.

Please take the following action:

XX File in your office on a routine basis.
XX Issue Proof of Filing.
XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX ____ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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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:	LAURUS INTERNATIONAL ENTERPRISES, LLC

2.	(a)	8014 Bayberry Rd.	(b)			
		Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)		N	failing address of limite (<u>Note: MAY BE POS</u>		
		Jacksonville FL 32256					
		05/15/2015		M1500000	03985		
3.		Date of filing/registration in Florida	4,		Document number		
5.	(a)	C T Corporation System					
2.	(4)	Registered Agent and Registered Office shown on the records of th	he Florida	Dept. of State	:		
		1200 South Pine Island Road					
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
				-		<u>.</u> .	
						1 1 3	
		Plantation FL_	33324			ht af and	
						.E	•••
	(b)	Corporation Service Company					
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office ad	dress:		>	7
						<u></u>	1
		1201 Hays Street				 ور	
		NEW Registered Office Address:					
				- <u></u>			
		Tallahassee FL	32301				
the ag wa	e cha ent v as/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of clear of organization or the operating agreement of the l	the regis bility co `the lim	tered office mpany, it is ited liability	and the business of hereby confirmed to company or as oth	ffice of that the	the registered change(s)
Xie & Gomi				Jill Cilmi, Authorized Person			
-	Signa	the of almember or authorized representative of a member		·····	Printed or typed name	of signee	
pr the to	ovísi 2 obl mer c	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I he I in writing of this change	erforme for in C	ince of my d hapter 605.	uties, and I am fam F.S. Or, if this doe	ulia r wi cument	th and accept is being filed

Signature of Registered Agent Corporation Service Company BY: Ami M. Casper, Asst. Vice President

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